

United States Army Student Detachment

Student Out-Processing (Green to Gold)

SOLDIER INFORMATION

Last Name, First Name

Rank

ADMINISTRATION CHECKLIST

DOCUMENTS REQUIRED FOR GREEN TO GOLD OUT PROCESSING:

- PCS Order from Cadet Command
- (DA 71) Oath of Office
- (USARC form 30-R) Officer Initial Allowance Statement
- (DA 5960) Basic Allowance for Housing
- (PCS DA 31) Request and Authority for Leave

NOTE: All forms must be submitted to the United States Army Student Detachment No Later Than 5 working days after the date of commission. Forms may be faxed to 803-751-5346/5392 attn: Green to Gold Out Processing.

IMPORTANT: If you were issued a CAC Card Reader it must be returned prior to out-processing USASD (Within 30 days of completing your course of study/training.)

↓ **FOR USE BY USASD PERSONNEL ONLY** ↓

DATE RECEIVED:

DATE DA31 ROUTED FOR SIGNATURE:

DATE SENT TO TRANSITION:

DATE WORKSHEET SENT TO SM:

SUSPENSE DATE:

DATE SENT TO FINANCE:

REMARKS:

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY CADET COMMAND
FORT MONROE, VIRGINIA 23651-1052

6 May 2006

ORDERS

LAWTON, OK 73505

2LT
CAMERON UNIVERSITY
LAWTON, OK 73505-6377

Effective upon your acceptance of appointment in the Regular Army to the United States, you are ordered to active duty for the period shown in active duty commitment below.

You will proceed from your current location in time to report on the date shown below.

Assigned to: 8th Personnel Command (WHP6AA) Korea, APO AP KS 96205
Reporting Date: 28 March 2007

Temporary Duty: You are required to perform temporary duty at Fort Sill, OK and at Fort Jackson, SC IAW DD Form(s) 1610 issued separately.

Reporting Date to BOLC III: 25 July 2006
Active Duty commitment: 6 years
Basic Branch: Adjutant General Corps
Control Branch: Adjutant General Corps

Additional Instructions:

- (a) You will commence travel not earlier than 4 May 2006. You are accessed for the month of May 2006. You will enter active duty effective 4 May 2006.
- (b) You are commissioned under the Green to Gold Program. You will proceed to your BOLC III site, Fort Jackson, SC, with a report date of 7 May 2006. You are authorized up to 30 days of advance leave (results in negative leave balance) provided it does not interfere with your reporting date to BOLC II. Your EMS must issue a DA Form 31 for any periods of leave. You will be utilized by the Service School Commandant until programmed course of instruction commences for BOLC II.
- (c) Upon arrival to Fort Jackson (regardless of day or time) officers will report directly to the Training Support Battalion Headquarters, located in building 3360, corner of Early Street and Magruder Avenue phone (803) 751-3609/3610.
- (d) You are not authorized to report early to BOLC II. After completion of BOLC II, you may report early to BOLC III and in turn, your PCS station.
- (e) You will report to BOLC II at Building 2463, Crane Road, Fort Sill OK 73505, phone (508) 422-5315, reporting on 4 Jun 2006, to attend the Basic Officer Leader Course, Phase 2, School Code 061, course number 01A-7-C20(P), class number 06-A02, for a period of 6 weeks, from 4 Jun 2006 through 21 Jul 2006. Government quarters are directed at no cost to the soldier. Govt. mess is available and directed 7 days per week at no cost to soldier. In & around mileage for POV is not authorized. For more information on the BOLC II at Fort Sill, OK, visit website: <http://sill-www.army.mil/bolc2>.
- (f) You will attend the Adjutant General Corps Basic Officer Leader Course 7-12-C20-42B (P), Phase 3, class 06-002 from 26 Jul 2006 to 28 Sep 2006. Quota Source: W5B
- (g) You will attend Postal Operations Course, school code 805C, course number 540-ASIF5, class number 07-002 for a period of five weeks, reporting on 19 Oct 2006 and ending on 14 Nov 2006.
- (h) You will attend Postal Supervisors Course, course number 7A-F59/510-ASIF5, class number 07-002 for a period of three weeks, reporting 21 Jan 2007 and ending on or about 28 Feb 2007
- (i) Security Clearance: Secret
- (j) You will be participating in a daily outdoor physical training program. You must bring appropriate attire (running shoes, shorts, suits, etc) in order to participate in this program while attending the course. You cannot report to BOLC II/ BOLC III with a temporary profile.
- (k) You must meet weight standards as specified in AR 600-9 to be eligible for this assignment. You are responsible for reporting to your next duty station in satisfactory physical condition, able to pass the APFT. The losing commander will notify Human Resource Command, ATTN: TAPC-OPG-A if compliance has not been accomplished.
- (l) Do not comply with these orders if you fail to complete degree requirements and graduate.
- (m) You are required to report to the Family Housing/Housing Referral Office serving your new duty station before you make housing arrangements for renting, leasing, or purchasing any off-post housing.
- (n) You must submit a travel voucher within five working days after completion of travel.
- (o) Comply with AR 600-8-8, Military Sponsor program. Forward DA Form 4787, Military Sponsor Program information, directly to gaining command. You must contact commander of gaining organization not later than 10 days after receipt of orders if any special requirements exist for special medical, dental, or educational facilities.
- (p) In accordance with AR 350-100, this reassignment will cause you to incur an active duty service obligation to the Army, one year for a move to a CONUS location or the overseas tour length prescribed in AR 614-30. Consult your local Military Personnel Office and/or AR 350-100 to determine what, if any, impact this reassignment will have on your service obligation to the Army.
- (q) Official travel arrangements purchased through a commercial travel office (travel agency) not under contract to the government is not reimbursable. Travel by privately owned vehicle and TR is authorized.
- (r) Member does not have a government credit card. Travel advance is authorized.
- (s) Access website <http://www.dmda.osd.mil/> for all you need to know about your next installation and surrounding communities.
- (t) Movement of dependents and household goods at government expense to temporary duty station is NOT authorized.

ORDERS: [REDACTED], HQ, USA Cadet Command, 6 May 2006

- (u) Commandant of the temporary duty station will obtain a Port Call.
- (v) IAW the Army Anthrax Vaccine Immunization Plan, personnel on PCS orders to Korea are required to immediately report to their local immunization clinic to receive the Anthrax immunization and other required immunizations. You should receive the first 3 Anthrax immunizations over a 30 day period prior to departure. If you are unable to complete the initial series due to medical or administrative reasons, you are still deployable.
- (w) Personnel serving an unaccompanied tour with family members residing in economy quarters in the United States Must bring a copy of lease agreement/mortgage documents/rent receipts or notarized statement attesting to housing payments to next duty station.
- (x) Arrival in Korea on a Friday or Saturday is strictly prohibited.
- (y) In the event you need emergency assistance (leave extension, change in port call, family travel problems, etc.) you should contact the Army Traveler's Assistance Center at (800) 582-6552. Do not contact your losing or gaining unit.
- (z) You are authorized travel from old duty station to the new duty station via designated location IAW para U5120G of the JFTR.
- (aa) You are authorized shipment of house hold goods and movement of your dependents to a designated location. Travel of your dependents to overseas duty station is not authorized during this tour.
- (bb) You are authorized shipment of household goods to permanent change of station IAW JTR. Shipment of temporary change of station weight allowance is authorized not to exceed 600 lbs.
- (cc) Korea is a HHG weight limitation (AWL) restricted assignment area. Allowances are restricted to amounts identified in AR 55-71, Appendix B-17, for unaccompanied Army personnel. The entitlement for Army soldiers in command sponsored positions or joint domicile couples serving a 24 month tour is restricted to 1/4 JFTR weight allowance and unaccompanied baggage.
- (dd) Service obligation of an additional 3 years as per amended contract and SecArmy policy dated 14 Nov 05

FOR ARMY USE

AUTH: Title 10, USC, Section 672(d); or Title 10, USC Section 2107(b) (B), as appropriate.

Accounting Classification:

[REDACTED]

All questions/request for changes to this published order must be addressed by email to rotcaccessions@usacc.army.mil.

MDC: 1LO6/1LO7

HOR: [REDACTED]

SSI: None

Con Specialty: 42Z

Sex: [REDACTED]

Date last med exam: 29 March 2004

Format: 157

Pers Con No: P8KN [REDACTED]
Control Br: Adjutant General Corps
CIC: 261A11/271A21
Prof Specialty: 42Z
PPN: SM
Date of Appt: 4 May 2006
Availability: 19 March 2007

FOR THE COMMANDER:

KIM, LINDA
Colonel, GS
Adjutant General, G1

Distribution:

[REDACTED]
PMS CAMERON UNIVERSITY, LAWTON, OK 73505 (1)
Cdr, USA Cadet Command (ATCC-PA-A) (1)
Cdr, 1st Bn, 30th FA Reg, Fort Sill, OK 73505 (2)
CDR, AG CORPS OBC, FORT JACKSON, SC 29207 (3)
Cdr, 1st AG Rep Reg (40), APO AF 96205 (2)
Cdr, 8th PERSCOM, APO AP 96205 (2)
HQDA (AHRC-PDI) (1)
HQDA (TAPC-OPG-A) (1)
MPRJ (1)

OATH OF OFFICE - MILITARY PERSONNEL

For use of this form, see AR 135-100, the proponent agency is GDCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 3331, 552, 552a; 10 USC 10204.
PRINCIPAL PURPOSE: To create a record of the date of acceptance of appointment.
ROUTINE USES: Information is used to establish and record the date of acceptance. The SSN is used to identify the member. The date of acceptance of appointment is used in preparing statements of service and computing basic pay data.
DISCLOSURE: Completion of form is mandatory. Failure to do so will cause the appointment to be invalid.

INSTRUCTIONS

INDICATE THE APPOINTMENT FOR WHICH OATH IS BEING EXECUTED BY PLACING AN "X" IN APPROPRIATE BOX. REGULAR ARMY COMMISSIONED OFFICERS WILL ALSO SPECIFY THE BRANCH OF APPOINTMENT WHEN APPOINTED IN A SPECIAL BRANCH.

This form will be executed upon acceptance of appointment as an officer in the Army of the United States. Immediately upon receipt of notice of appointment, the appointee will, in case of acceptance of the appointment, return to the agency from which received, the oath of office (on this form) properly filled in, subscribed and attested. In case of non-acceptance, the notice of appointment will be returned to the agency from which received, (by letter) indicating the fact of non-acceptance.

COMMISSIONED OFFICERS	WARRANT OFFICERS
<input type="checkbox"/> REGULAR ARMY <i>(Branch, when so appointed)</i>	<input type="checkbox"/> REGULAR ARMY
<input type="checkbox"/> ARMY OF THE UNITED STATES, WITHOUT COMPONENT	<input type="checkbox"/> ARMY OF THE UNITED STATES, WITHOUT COMPONENT
<input type="checkbox"/> RESERVE COMMISSIONED OFFICER	<input type="checkbox"/> RESERVE WARRANT OFFICER

I, _____ *(First Name, Middle Name, Last Name)* _____ *(Social Security Number)*
 having been appointed an officer in the Army of the United States, as indicated above in the grade of _____ do solemnly swear (or affirm)
 that I will support and defend the Constitution of the United States against all enemies, foreign and domestic, that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office upon which I am about to enter; SO HELP ME GOD.
 _____ *(Signature - full name as shown above)*

SWORN TO AND SUBSCRIBED BEFORE ME AT _____
 THIS _____ *(Day)* DAY OF _____ *(Month)* _____ *(Year)*
 _____ *(Grade, component, or office of official administering oath)* _____ *(Signature)*

FOR THE EXECUTION OF THE OATH OF OFFICE

1. Whenever any person is elected or appointed to an office of honor or trust under the Government of the United States, he/she is required before entering upon the duties of his/her office, to take and subscribe the oath prescribed by 5 USC 3331. *Article 136, 10 USC 936.* A commissioned warrant officer administering the oath of office will show his/her title in the block to the left of his/her signature.
2. 10 USC 626 and 14309 eliminate the necessity of executing oath on promotion of officers.
3. The oath of office may be taken before any commissioned officer of any component of any Armed Force, whether or not on active duty (10 USC 1031), or before any commissioned warrant officer when acting as an adjutant, assistant adjutant, acting adjutant, or personnel adjutant in any of the Armed Forces (See UCM).
4. Oath of office may also be taken before any civil officer who is authorized by the laws of the United States or by the local municipal law to administer oaths, and if so administered by a civil official, the oath must bear the official seal of the person administering the oath, or if a seal is not used by the official, the official's capacity to administer oaths must be certified to under seal by a clerk or court or other proper local official.

Officer Initial / Additional Active Duty Allowance Statement

[For use of this form see USARC Pam 37-1; the proponent agency is the DCS, G-8.]

RCS exempt per AR 335-15, paragraph 5-2b(4).

1. FROM (Unit Address to include PAS)

DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 37, USC Sections 415 to 417.
Principal Purpose: To identify the officer's pay account and provide a means for making application for uniform allowances.
Routine Uses: To establish officer uniform allowance entitlement.
Disclosure: Voluntary; however, failure to provide information will result in action not being processed.

2. NAME (Last, First, Middle/MI as shown on MMPA)

3. SSN (As shown on MMPA)

4. GRADE

SECTION I - INITIAL UNIFORM ALLOWANCE

5. I request payment of initial uniform allowance.

- a. I reported for a period of active duty in excess of 90 days as an officer of the ready reserve in an RC unit on _____.
- b. I completed 14 days active duty, FTTD, or ADT as an officer of the ready reserve in an RC unit on _____.
- c. I reported to my first active duty period required of an officer of the Armed Forces Health Professions Scholarship Program (HPSP) on _____.
- d. I transferred from another reserve component that requires a different uniform on _____.
- e. I completed 14 periods of inactive duty training as an officer of the ready reserve in an RC unit on _____.

6. I have not received an initial allowance in any amount as an officer per any law other than the Armed Forces Reserve Act of 1952.

7. I have not previously applied for, except as explained in paragraph 5d or 8, nor received any initial uniform allowance as an officer of the National Guard, Army Reserve, or U.S. Army without component under the United States Armed Forces Reserve Act of 1952.

SECTION II - ADDITIONAL ACTIVE DUTY ALLOWANCE

8. I request payment of an Active Duty Uniform Allowance per DODFMR, Chapter 30, because I have reported for active duty, or ADT for a period over 90 days, or I have actually performed in excess of 90 days duty after reporting for an indefinite period on _____ and additionally: *

a. I have not received an initial Uniform Allowance in excess of \$400 during my current tour of active duty or within a 2-year period before entering on this tour of duty.

b. During the 2-year period prior to reporting for my current tour of duty, I have not served on active duty or ADT for a period of more than 90 days as a nonregular officer.

[* Note: No entitlement exists if the officer does not meet both conditions in 8a & b above.]

APPLICABLE TO SECTIONS I AND II

9. The tour of duty for which this claim is based required wearing of the uniform which I have in my possession.

10. I was found to be physically qualified for active duty before the date stated in paragraph 8.

11. SIGNATURE OF OFFICER

12. DATE

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see 37-104-3; the proponent agency is ASA (FM)</small>				PRIVACY ACT STATEMENT							
1. NAME (Last, First, MI)		3. GRADE O1E		AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397. PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.							
4. TYPE OF ACTION				DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">START</td> <td style="width:25%; text-align: center;">CANCEL</td> <td style="width:25%; text-align: center;"><input checked="" type="checkbox"/> CHANGE</td> <td style="width:25%; text-align: center;">REPORT</td> </tr> <tr> <td style="text-align: center;">CORRECT</td> <td style="text-align: center;">STOP</td> <td colspan="2" style="text-align: center;">RECERTIFICATION</td> </tr> </table>		START	CANCEL			<input checked="" type="checkbox"/> CHANGE	REPORT	CORRECT	STOP	RECERTIFICATION	
START	CANCEL	<input checked="" type="checkbox"/> CHANGE	REPORT								
CORRECT	STOP	RECERTIFICATION									
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)			6. DATE/ACTION (YYMMDD)	7. BAQ TYPE							
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">WITH DEPENDENTS</td> <td style="width:50%; text-align: center;">PARTIAL</td> </tr> <tr> <td style="text-align: center;">WITHOUT DEPENDENTS</td> <td style="text-align: center;"></td> </tr> </table>		WITH DEPENDENTS	PARTIAL	WITHOUT DEPENDENTS			
WITH DEPENDENTS	PARTIAL										
WITHOUT DEPENDENTS											
8. MARTIAL/DEPENDENCY STATUS				9. QUARTERS ASSIGNMENT/AVAILABILITY							
<input type="checkbox"/> a. SINGLE	<input type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3))	<input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3))	<input type="checkbox"/> a. ADEQUATE (see block (1))	<input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4))							
<input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3))		<input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6))	<input type="checkbox"/> c. TRANSIENT (see block (3))	<input type="checkbox"/> d. NOT AVAILABLE							
(1) Spouse/Former Spouse SSN	(2) Spouse/Former Spouse Duty Station	(3) Date of Marriage, Divorce/Separation	(1) QUARTERS NO. _____	(2) FAIR RENTAL VALUE \$							
(4) Child in Custody of: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other			(3) FROM: _____ TO: _____								
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.			(4) <input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above) <input type="checkbox"/> COMMANDER DETERMINATION (Attached)								
(6) If child support received from another military member, complete (1), (2) & (3).											
10. DEPENDENTS/SHARERS (Continue on back if required)											
NAME OF DEPENDENT/SHARER		COMPLETE CURRENT ADDRESS (Include ZIP Code)		RELATIONSHIP	DOB OF CHILDREN						
11. CERTIFICATION OF DEPENDENT SUPPORT											
<input type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.											
<input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period											
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON											
My permanent duty station:		My dependent's location:		Both my permanent duty station and dependent's location.							
a. Monthly Expenses:	Member	Dependent	b. Sharer/Lease Information		c. Address Information						
(1) Mortgage (PITI) or Rent			(1) Rental/Residential Address:		(1) Landlord's Name and Address:						
(2) Insurance			(2) Effective Date:		(3) Expiration Date:						
(3) Other					(2) Landlord's Phone No.						
TOTALS			(4) Number of Sharers (show name(s) and address in block 10.)								
I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.											
13. MEMBER'S SIGNATURE			14. DATE	15. CERTIFYING OFFICER'S SIGNATURE							
				16. DATE							

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions on reverse.)					
PART I					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK 2LT	5. DATE
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER TRANSITION LEAVE		8. ORGN, STATION, AND PHONE NO. USASD DETACHMENT STROM THURMOND BLDG BLDG 5450/ RM 244	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS Attached to University: BOLC: Ordinary Lv: <p style="text-align: right;">Chargeable leave is from _____ to _____</p>					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT
24. PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER	
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION		

EXAMPLE COPY



DEPARTMENT OF THE ARMY
HEADQUARTERS EIGHTH BRIGADE
PACIFIC LUTHERAN UNIVERSITY
TACOMA, WA 98447-0003

REPLY TO
ATTENTION OF:

ATCC-HHW-APL

3 February 2010

MEMORANDUM FOR Second Lieutenant.

SUBJECT: Appointment as a Commissioned Officer of the Army under Title 10, United States Code, and Sections 591, 293, 2104, 2106, and 2107.

1. Branch of Service to which assigned:
2. The Secretary of the Army has directed you be informed that by the direction of the President, you are appointed a Commissioned Officer of the United States Army effective on your acceptance in the grade and with the social security number shown in address above.
3. This appointment is for an indefinite term.
4. You are requested to execute and return promptly the enclosed DA Form 71 (Oath of Office – Military Personnel). Your execution and return of the Oath of Office constitutes your acceptance of appointment. No other evidence of acceptance is required. Prompt action is requested since regulations require cancellation of this tender of appointment if not accepted when designated by the Professor of Military Science.
5. Upon receipt of the properly executed Oath of Office, a commission (DD Form 1A) will be presented to you. You are assigned to the branch of the Army shown above.
6. After acceptance of this appointment, any change in your permanent home address of more than 30 days duration will be reported by you to the custodian of your military personnel records. Include your full name and social security number in any correspondence concerning your military status.

This Memo needs to accompany all packets that has PCS orders with "TBD".

Date of Acceptance: 3 February 2010