

FORCE DEVELOPMENT STATUTORY TOUR STATEMENT OF UNDERSTANDING

The proponent agency is NGB/HR. The prescribing directive is ANGI 36 - 6

INSTRUCTIONS

Place full Initials next to every statement to indicate that it has been read and understood by member. If you have a middle name, use it! Once you have read and initial every statement, indicating your understanding of the statements, print your full name in the member name block and sign in the member signature block, then date.

STATEMENT OF UNDERSTANDING

I _____ certify that I understand the following pertaining to my assignment as a result of the
CY _____ Statutory Tour Force Development Process and subsequently approved by the Director,
Air National Guard.

I will be reassigned to OSC: _____ / _____ ; PSN#: _____ ; DAFSC: _____ ;
GRADE/RANK: _____ ; NLT _____ ; POSITION TITLE: _____
(YYYYMMDD)

I am ineligible to apply for other statutory tour lateral opportunities prior to this reassignment. I may continue to apply for promotion opportunities with the concurrence of my current Director/Office Chief. Any applications currently on file will be removed from consideration. Upon reassignment I may be eligible to apply for other statutory tour opportunities with the concurrence of my new Director/Office Chief.

Upon acceptance of this assignment my DOS will remain _____
(YYYYMMDD)

I understand that should I decline this assignment, action will be taken to return me to state control NLT
IAW ANGI 36-6, Attachment 2, Statutory Tour Statement of Understanding. (YYYYMMDD)

I understand I must acknowledge this action no later than 14 days of receipt. Failure to acknowledge within the 14 days will result in a declination of this assignment and subsequent action to return to state control.

REMARKS

[Empty box for remarks]

MEMBER FULL NAME (Last, First Middle)

MEMBER SIGNATURE

DATE

_____ (YYYYMMDD)

STATEMENT OF ACCEPTANCE / DECLINATION

I ACCEPT THIS ASSIGNMENT

I DECLINE THIS ASSIGNMENT AND WILL RETURN TO STATE CONTROL NLT

(members DOS will be established 180 days from declination)

_____ (YYYYMMDD)

MEMBER FULL NAME (Last, First Middle)

MEMBER SIGNATURE

DATE

_____ (YYYYMMDD)