

EXTENSION OF ENLISTMENT IN THE AIR NATIONAL GUARD AND AS A RESERVE OF THE AIR FORCE

The proponent agency is ANG/DPFOM. The prescribing directive is ANGI 36-2002. Form completion instructions are on Page 2.

PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 10 USC 509 and Executive Order 9397.
2. **PURPOSE:** Documents approved or disapproved requests for extensions or cancellation of extension. This form will be used for enlisted members in the ANG and as a Reserve of the Air Force. It is also used to decide pay and allowance entitlements for the extension period. This form will be placed in the member's personnel record.
3. **ROUTINE USE:** None.
4. **DISCLOSURE:** Voluntary - However, if the information is not provided, the extension or cancellation of the enlistment will not be approved.

NAME (Last, First, Middle) ⁽¹⁾	SSN	GRADE
UNIT OF ASSIGNMENT AND LOCATION ⁽²⁾		UNIT PAS CODE ⁽³⁾

REQUESTED ACTION AUTHORITY: ANGI 36-2002, CHAPTER 4, TABLE 4.2.

TO: COMMANDER, ⁽⁴⁾	DATE ⁽⁵⁾
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I HEREBY REQUEST THAT MY ENLISTMENT EXECUTED ON ⁽⁶⁾ _____ FOR A PERIOD OF ⁽⁷⁾ _____ YEARS BE EXTENDED FOR A PERIOD OF ⁽⁸⁾ _____ YEAR(S), _____ MONTH(S), _____ DAY(S). THE REASON FOR THIS EXTENSION IS IDENTIFIED BELOW. I AGREE TO REMAIN A MEMBER OF THE READY RESERVE DURING THE PERIOD OF THIS ENLISTMENT UNLESS SOONER RELEASED BY PROPER AUTHORITY.

REASON AND CATEGORY OF EXTENSION ⁽⁹⁾

INITIALS OF MEMBER	RULE	VOLUNTARY
_____	1	Request to continue in my ANG status without a break, but I am not requesting reenlistment
_____	2	Selected for service commitment that requires specific retainability (ANGI 36-2101, Table 5.1.)
_____	3	Statutory or AGR Tour/Subsequent Statutory or AGR Tour
_____	4	ANG Fitness Program (ANGI 10-248)
_____	5	Montgomery GI Bill - Selected Reserve (SR)
_____	6	Montgomery GI Bill - Selected Reserve (SR) Kicker
_____	7	Retention to age 62 to qualify for retirement (*Waiver required, See paragraph 4.1.4.)
_____	8	Retention beyond age 60 (Technician Annuity) (*Waiver required, See paragraph 4.1.5.)
INITIALS OF MEMBER	RULE	INVOLUNTARY (If member is not available for signature or refuses to sign, See paragraph 4.5.1)
_____	9	Under investigation or awaiting trial for violation of the UCMJ or State Military Code
_____	10	Affected by "Stop-Loss" Provision (Title 10 USC 12305)
INITIALS OF MEMBER	RULE	ADMINISTRATIVE (If member is unavailable for signature, unable or refuses to sign, See paragraph 4.5.2.)
_____	11	Under age 60 and being assigned to ARPC for the purpose of transfer to the retired reserve
_____	12	Hospitalized, temporarily physically disqualified, pending a medical/physical evaluation board

FULL SIGNATURE AND GRADE ⁽¹⁰⁾**UNIT COMMANDER ACTION**

TO: MPF/DPM	FROM: COMMANDER, ⁽¹¹⁾	DATE ⁽¹²⁾
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APPROVED DISAPPROVED (Enter reasons for disapproval on the reverse side of this form)

NAME AND GRADE (Unit Commander or designated representative)	SIGNATURE
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MILITARY PERSONNEL FLIGHT/GEOGRAPHICAL SEPARATED UNIT (GSU) ACTION

Extensions will be for a minimum period of six months and a maximum of 4 years per extension. More than one extension is authorized on a current enlistment contract. The total of all extensions will not exceed four years on the current enlistment contract. (See paragraph 4.1.1.)

THIS ACTION REPRESENTS THE ⁽¹³⁾ _____ EXTENSION TO THIS ENLISTMENT CONTRACT. THE TOTAL PERIODS OF ALL EXTENSIONS TO THIS ENLISTMENT ARE ⁽¹⁴⁾ _____ YEAR(S), _____ MONTH(S), _____ DAY(S).

CURRENT EXPIRATION TERM OF SERVICE (ETS) ⁽¹⁵⁾ _____ HAS BEEN EXTENDED TO ⁽¹⁶⁾ _____.

DATE OF MILPDS UPDATE ⁽¹⁷⁾ _____ STATEMENTS SUBMITTED BY MEMBER HAVE BEEN VERIFIED IN THE UPRG.

NAME AND GRADE (Director of Personnel or designated representative) ⁽¹⁸⁾	SIGNATURE
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REMARKS

(Mark all that are applicable)

_____ MEMBER NOT AVAILABLE FOR SIGNATURE.

_____ MEMBER REFUSES TO SIGN.

_____ MEMBER UNABLE TO SIGN (Paragraph 4.5.2 only).

_____ INVOLUNTARY ADMINISTRATIVE EXTENSION TO

(State reason) _____

_____ ADMINISTRATIVE EXTENSION TO

(State reason) _____REASON FOR DISAPPROVAL *(Unit Commander must state reason):*

INSTRUCTIONS/EXAMPLES FOR THE COMPLETION OF NGB FORM 66

To be completed by the Military Personnel Flight/GSU

Example reflects a member requesting an extension of her ETS for 1 year.

1. Enter Last, First, Middle Name, Suffix: WHITE, ASHLEY ANN SSN: 123-45-6789 GRADE: MSGT
2. Enter Unit of Assignment and Location: 172 MSF, THOMPSON FIELD, JACKSON, MS
3. Enter Unit PAS CODE: F61LFXXX
4. Enter Unit of Assignment: 172 MSF
5. Enter Date: 10 JAN 03
6. Enter first day of current enlistment as reflected on DD Form 4: 15 JAN 1997
7. Enter period of current enlistment as reflected on DD Form 4: 6
8. Enter period of extension requested: 1 year(s), 00 month(s), 00 day(s) or 0 year(s), 12 month(s), 00 day(s).
9. Reason and Category of Extension: Have the member enter their initials on the applicable rule in accordance with table 4.2.
10. Member must sign with FULL name and enter Grade: ASHLEY ANN WHITE (Signature), MSGT
11. Enter Unit of Assignment: 172 MSF
12. Unit Commander must enter effective Date: 10 JAN 03; check APPROVED or DISAPPROVED; type Name and Grade; and then sign.
13. Self-explanatory. Enter 1st or 2nd, 3rd, 4th, and so on if extensions to the enlistment have been approved previously: "1st".
14. Enter total number of years, months and days of all extensions *(including this extension)*: 1 year(s), 00 month(s), 00 day(s)
15. Enter ETS in effect prior to requested extension: 14 JAN 03
16. Enter new ETS: 14 JAN 04
17. Enter date the new ETS was updated in MILPDS: 10 JAN 03
18. Only individuals assigned in the MPF/GSU serving in the grade of MSGT, GS-7 or higher are authorized to sign.
Enter typed name, grade, signature and date: BRYAN S. SIMMONS, MSGT *(Then signature and date)*

DISTRIBUTION

Original - AF Form 10, Section 4

1 Copy - Member

1 Copy - State HQs

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