

**APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK, TEMPORARY TOUR OF ACTIVE DUTY, ANNUAL TRAINING, AND FULL-TIME NATIONAL GUARD DUTY FOR SPECIAL WORK FOR SOLDIERS OF THE ARMY NATIONAL GUARD**

For use of this form, see NGR 37-111 ; the proponent agency is NGB-ARH-S

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC 12301(d) / 32 USC 502(f)

**PRINCIPLE PURPOSE:** To determine eligibility and schedule individuals for active duty for special work, Temporary Tours of Active Duty, full-time National Guard duty for special work, active duty for training or additional annual training on requested dates.

**ROUTINE USES:** To identify the applicant as a Reserve Component member and to issue active duty for special work for active duty for training orders.

**DISCLOSURE:** Completing this form is mandatory for individuals applying for active duty for special work or active duty for training. If not completed, you will not be eligible for the requested tour.

**PART I - APPLICANT (Read instructions in NGR 37-111 before completing this form.)**

**1. TO (Include ZIP code)**

2. NAME (Last, First, MI)		3. SSN	
4a. PERMANENT HOME ADDRESS (Include ZIP code)		5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY (if different from permanent home address) (include ZIP code)	
4b. HOME TELEPHONE NUMBER (Include area code)		5b. HOME TELEPHONE NUMBER (Include area code)	
4c. BUSINESS TELEPHONE NUMBER (Include area code)		5c. BUSINESS TELEPHONE NUMBER (Include area code)	
6. UNIT OF ASSIGNMENT OR ATTACHMENT		7. GRADE	8. BRANCH/MOS
9. SEX <input type="checkbox"/> M <input type="checkbox"/> F	10. D.O.B.	11. MARITAL STATUS	12. NO. OF DEPENDANTS
13. PRIMARY SSI (AOC)/MOS	14. DUTY SSI (AOC)/MOS	15. HEIGHT	16. WEIGHT
17. <input type="checkbox"/> I am <input type="checkbox"/> I am not drawing a pension, disability compensation, or retired pay from the U.S. Government		18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE (AFS)	

19. NAME, RANK AND SIGNATURE OF NGB / STATE / TERRITORY HUMAN RESOURCE OFFICER (or AGR TOUR MANAGER) VERIFYING DATA IN BLOCK 18.

**20. DATES OF ADSW / FTNGDSW / TTAD / ADT / AT REQUESTED:**

a. FIRST CHOICE		b. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE/TIME	NUMBER OF DAYS	BEGINNING DATE/TIME
LOCATION		LOCATION	
DUTY/TRAINING AGENCY		DUTY/TRAINING AGENCY	

21. To the best of my knowledge and belief, I am physically qualified for active military service. I was:

a. LAST EXAMINED ON	b. AT
22. SIGNATURE	23. DATE

24. REMARKS

**“Unit Commander’s signature in block 35e indicates that the Commander releases the soldier for duty at the discretion of the gaining unit/activity selecting supervisor.”** "I understand that, although at the completion of my tour, I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from FTNGD at the completion of my tour unless I am offered a follow-on tour as approved by CNGB. I hereby waive sanctuary and consent to being ordered to FTNGD for a period indicated on my order and consent to my release from FTNGD at the completion of this tour."

\_\_\_\_\_  
(Signature of applicant)

(THIS ACTION WILL NOT BE APPROVED WITHOUT THE SOLDIER'S SIGNATURE IN THIS BLOCK)

ADDITIONAL REMARKS:

■ **Identify Break in service.** (Used to compute / verify days elapsed since last Active Duty/FTNGD service (31-Day Break))

◆ (a) Date of the last day on Active Duty or FTNGD status: \_\_\_\_\_ ◆ (b) Date new tour of duty to start: \_\_\_\_\_

◆ Number of Days ( subtract b from a ): \_\_\_\_\_

■ Type of Duty Code (TDC) to be used in fund cite: \_\_\_\_\_

**PART II - RECORDS CUSTODIAN**

25. PAY ENTRY BASIC DATE      26. SECURITY CLEARANCE      27. PROMOTION CONSIDERATION CODE      28. DATE OF RANK

29. RYE DATE      30. ETS (*Enlisted*)      31. MANDATORY REMOVAL DATE (Officers)      32. UIC

33. HIV TEST DATE      34. PANOGRAPHIC DENTAL X-RAY ON FILE       YES       NO

35. Preceding Duty: List all AD, TTAD, AT, ADT, IADT, ADSW, FTNGD, FTNGDSW, FTNGD-CD performed in current and previous fiscal year(s), inclusive dates, number of days, type of duty, location of duty and what duty performed. If more space is needed attach additional sheet.

a. PERIOD OF PRECEDING DUTY			b. TYPE TRAINING/ DUTY (AD, ADSW, FTNGDSW etc.)	c. LOCATION/ INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			

NAME AND SIGNATURE OF UNIT COMMANDER	DATE	GRADE	TITLE
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NAME AND SIGNATURE OF RECORDS CUSTODIAN	DATE	GRADE	TITLE
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NAME, SIGNATURE AND TELEPHONE NUMBER OF NGB / STATE / TERRITORY ADSW / FTNGDSW <u>APPROVING AUTHORITY</u> VERIFYING ALL INFORMATION.	(Approving official initial appropriate box)
	<input type="checkbox"/> THIS TOUR APPLICATION IS APPROVED
	<input type="checkbox"/> THIS TOUR APPLICATION IS NOT APPROVED

DATE	GRADE
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NAME AND OFFICE OF POC	COMMERCIAL AND DSN TELEPHONE
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