

REQUEST FOR SPECIAL DUTY ASSIGNMENT

Authority: 10 U.S.C. 8013 Secretary of the Air Force, powers and duties and E.O. 9397.

Purpose: To determine applicant's eligibility for special duty.

Disclosure: Voluntary

Routine Uses: As indicated in system notice F036 AF PC a biographical data and automated personnel management system.

I _____, am applying for a special duty assignment to the/as Choose A Special Duty . I understand that I may be contacted by the controlling authority to submit copies of my EPRs/EPBs and medical profile (AF Form 422).						
NAME (LAST, FIRST MI)			DOB (DD MMM YY)		GRADE RANK	SSN
AFSC	UNIT/DUTY SECTION	BASE	DUTY PHONE (DSN)		HOME PHONE (AREA CODE)	
EDUCATION LEVEL (You maybe asked to submit transcript)		DEROS		TOS (YRS & MONTHS)		
TOTAL ACTIVE FEDERAL MILITARY SERVICE DATE	JOIN SPOUSE YES <input type="checkbox"/> NO <input type="checkbox"/>		CONTROLLED TOUR STATUS YES <input type="checkbox"/> NO <input type="checkbox"/>		SRB YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF SPOUSE IS ACTIVE DUTY- PROVIDE NAME		SPOUSE'S GRADE	SPOUSE'S SSN		SPOUSE'S TOS	
EMAIL ADDRESS			DRIVER'S LICENSE NUMBER / STATE			
EQUAL-Plus Job Number:			Good Speaking Voice with the ability to communicate well Yes <input type="checkbox"/> No <input type="checkbox"/>			
High standards of military appearance and conduct. Yes <input type="checkbox"/> No <input type="checkbox"/>						
DESIRED LOCATION (CITY, STATE, OR AREA) THIS DOES NOT PRECLUDE VOLUNTEERS FROM UPDATING THEIR CHOICES IN SYSTEM OR UPDATING THE EQUAL-PLUS SIX DIGIT JOB CODE						
FIRST CHOICE		SECOND CHOICE		THIRD CHOICE		

Applicant's Military/Civilian Convictions: YES NO (If yes explain circumstances)

I certify that all the above information is true to the best of my knowledge.

Applicant's Signature and Date

REQUEST FOR SPECIAL DUTY ASSIGNMENT

Authority: 10 U.S.C. 8013 Secretary of the Air Force, powers and duties and E.O. 9397.

Purpose: To determine applicant's eligibility for special duty.

Disclosure: Voluntary

Routine Uses: As indicated in system notice F036 AF PC a biographical data and automated personnel management system.

1st Indorsement/Commander

(Insert Rank, Last Name, First Name below)

has applied for a special duty to the Choose A Special Duty .

To my knowledge, member is emotionally stable, morally responsible, financially sound, and has not had a history of disciplinary action. (i.e. UIF, LOR, Control Roster) I recognize that it is not in the best interests of the Air Force to have confirmed perpetrators of Sexual Harassment in formal training courses. I have reviewed the member's records, and they do not reflect any information, which in my judgement would preclude selection of the applicant for this position.

If applying for Instructor Duty: Records must conform with Air Force Policy on Formal Training Course Instructors which prohibits perpetrators of sexual harassment and Unlawful Discrimination from instructing.

TYPE ANY: Additional Comments Commander must certify exclusive to the special duty:

Recommend

Non Recommend (Please provide explanation)

Signature and Grade of Approving Official
(MUST BE Commander or Designated Officer)

Please Type Rank/Name and DSN of Approving Officer