STATE OF MARYLAND
MILITARY DEPARTMENT
FIFTH REGIMENT ARMORY
BALTIMORE, MARYLAND 21201-2288

MDNG-AG-HRO (310-1q) 15 April 2005

HRO POLICY/GUIDANCE LETTER #43

SUBJECT: Retirement from the Active Guard Reserve (AGR) Program Officer/Enlisted

SEE DISTRIBUTION

1. REFERENCE:

a. AR 635-100 (Officer)

b. AR 635-101 (Warrant Officer)

c. AR 635-200 (Enlisted

d. AR 135-18

e. AR 630-5

f. NGR 600-5

g. Section 502(f), Title 32, United States Code

2. APPLICATION: This policy letter applies to officers and enlisted members who are on AGR tours under the provisions of Section 502(f), Title 32, United States Code.

3. PURPOSE: To establish policies and guidelines regarding retirement from the AGR Program. **Retirements can know be completed at Fort Meade or Aberdeen Proving Grounds, Maryland.**

4. GOAL: The goal of this policy is to keep the AGR force informed on the current policy and procedures regarding their retirement needs.

This HRO Policy/Guidance Letter supersedes HRO Policy/Guidance Letter #43 dated 1 May 2001, same subject.

5. The provisions outlined below are National Guard Bureau (NGB) policy and will be incorporated in appropriate National Guard regulations as these publications are revised and updated.

a. The HRO will notify, by letter, all AGR soldiers with 18 years active federal service. This letter will include basic retirement information and processing requirements needed in the future.

b. AGR Enlisted soldiers will retire after completing 20 years Active Service unless extended by proper authority. Enlisted soldiers will retire in the grade held on the date of retirement if the grade has been held for a minimum of 2 years. Those who are eligible under 10 USC 3964 will be advanced to the highest grade held satisfactorily on active duty when their active duty plus retired service equals 30 years. Enlisted soldiers will not be extended beyond age 60. Upon approval for active service beyond 20 years, mandatory enlisted retirement will occur as stated:

E-5 and below	20 yrs of AFS
E-6	22 yrs of AFS
E-7	24 yrs of AFS
E-8	27 yrs of AFS
E-9	30 yrs of AFS

c. AGR Commissioned and Warrant Officers will retire after completing 20 years Active Federal Service unless extended by proper authority. Officers requesting retirement will retire in the grade held at the time of retirement. For officers retiring at the grade of LTC/05 or higher, the grade must be held for 3 years from the date of promotion unless the officer is involuntarily retired, per NGR(AR) 600-5, AR 135-18.

d. Requests for retirement will always occur at the end of the month, i.e. 30Jun01, 31Jul01 etc., unless otherwise stipulated by the Retirement Section at Fort George G. Meade.

e. Soldiers who are promoted to the grade of SFC, MSG/1SG, or sergeant major (SGM)/command sergeant major (CSM) incur a 2-year service obligation (AR 600-8-19). This obligation will be from the effective date of promotion. It must be completed before voluntary retirement. There are some exclusions to the 2 year service obligation. Refer to AR 635-200 chapter 12-8 paragraph d2 for these exclusions.

6. REQUESTING RETIREMENT: AGR officer and enlisted soldiers requesting retirement must submit the following items thru The Adjutant General, who is the approving authority, to the HRO. Items must arrive together as a retirement package in order to be processed:

a. Submit thru channels, an SF 52 (Request for Personnel Action), requesting retirement (Encl 1).

b. DA Form 201 File will be retrieved from the PSB by HRO personnel.

c. NGB Form 23A (Automated Retirement Points Credit Sheet), which can be obtained from SIDPERS.

d. Copies of all AGR tour continuation orders and DD 214's from active duty.

e. Request for 20 days Permissive Leave will be granted by the Commander for the purpose of job hunting and house hunting if necessary. Permissive Leave, if granted, may be consecutive days or broken into separate increments and will be completed prior to the start of Transitional Leave. If the permissive leave is done in increments, **there must be a work day after the permissive leave ends and transition leave begins**. If Permissive Leave is used on 20 consecutive days, the transition leave will begin at 0001 hours and end at 2400 hours and Transitional Leave will begin at 0001 hours. No work day between is required. Request for Permissive Leave and Transition leave must be prepared on DA 31 and approved by **LTC/05 or higher**. (Encl 3)

7. POC, MAJ Mindy Freed (410) 576-6114 or MSG Marie Plummer (410) 576-6111.

FOR THE COMMANDER:

ANNETTE M. DEENER
COL, GS, MDARNG
Human Personnel Officer

3 Encls
1. SF 52
2. DA 4187 (Retirement data)
3. DA 31 (Leave request)

DISTRIBUTION:
All Full-Time Support Managers/
Supervisors (Army Only)

Standard Form 52-B
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A – Requesting Office *(Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)*

1. Actions Requested: Request for Retirement
2. Request Number:
3. For Additional Information Call *(Name and Telephone Number)*: John Doe (410) 111-2222
4. Proposed Effective Date: 30 Sep 2005
5. Action Requested By *(Typed Name, Title, Signature, and Request Date)*: John Doe, Supply Sgt, 1 Jul 2005
6. Action Authorized By *(Typed Name, Title, Signature, and Concurrence Date)*: Bart Simpson, S1, 1 Jul 2005

PART B – For Preparation of SF 50 *(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)*

1. Name *(Last, First, Middle)*: DOE, John
2. Social Security Number: 123-45-6789
3. Date of Birth: 1 Jan 1982
4. Effective Date: 30 Sep 2005

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number

8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay

14. Name and Location of Position's Organization

15. TO: Position Title and Number

16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis

20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay

22. Name and Location of Position's Organization

EMPLOYEE DATA

23. Veterans Preference: 1 – None; 2 – 5-Point; 3 – 10-Point/Disability; 4 – 10-Point/Compensable; 5 – 10-Point/Other; 6 – 10-Point/Compensable/30%
24. Tenure: 0 – None; 1 – Permanent; 2 – Conditional; 3 – Indefinite
25. Agency Use
26. Veterans Preference for RIF: YES / NO
27. FEGLI
28. Annuitant Indicator
29. Pay Rate Determinant
30. Retirement Plan
31. Service Comp. Date (Leave)
32. Work Schedule
33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied: 1 – Competitive Service; 2 – Excepted Service; 3 – SES General; 4 – SES Career Reserved
35. FLSA Category: E – Exempt; N – Nonexempt
36. Appropriation Code
37. Bargaining Unit Status
38. Duty Station Code
39. Duty Station *(City – County – State or Overseas Location)*

40. Agency Data	41.	42.	43.	44.

45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship (1 – USA, 8 – Other)	50. Veterans Status	51. Supervisory Status

PART C – Reviews and Approvals *(Not to be used by requesting office.)*

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature | Approval Date

CONTINUED ON REVERSE SIDE

Editions Prior to 7/93 Are Not Usable After 6/30/93
NSN 7540-01-333-62-

ENCL 1

PART D – Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement? ☐ YES ☐ NO
If "YES", please state these facts on a separate sheet and attach to SF 52.)

PART E – Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day – midnight – unless you specify otherwise.)

Request retirement from the AGR program effective 30 September 2005
I can be reached at the following phone numbers:
Home (410) XXX-XXXX
Work (410) XXX-YYYY
Cell (410) XXX ZZZZ

I wish to have my retirement processing conducted at
Fort George G. Meade, Maryland
or
Aberdeen Proving Grounds, Maryland

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (*Number, Street, City, State, ZIP Code*)
30 Sep 05	Soldier must sign	1 Jul 05	XXX XXXXXXXXX ST XXXXXXXX, MD XXXXX

PART F – Remarks for SF 50

Circle the appropriate copy designator

Copy 1 Copy 2 Copy 3 Copy 4

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf *(Section III)*.

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
HRO, AGR Branch ATTN: MSG Plummer	Retirement Services Ft Meade, MD or APG, MD	XXX XXXXXX XXXXXXX

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
XXXXXXXXXX, XXXXX X.	XXX	XXX-XX-XXXX

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above soldier's duty status is changed from _____ to

_____ effective _____ hours, _____ _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

	Service School *(Enl only)*		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training *(Enl only)*		Identification Tags
	Volunteering For Oversea Service		Retesting in Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS
	Reassignment Extreme Family Problems		Reclassification		Change of Name/SSN/DOB
	Exchange Reassignment *(Enl only)*		Officer Candidate School		Other *(Specify)*
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*
Soldier must sign	XXXX XX XX

SECTION IV - REMARKS *(Applies to Sections II, III, and V)* *(Continue on separate sheet)*

The above indicated soldier will be requesting retirement effective 30 September 2005. Soldier will be taking permissive leave from _____ to _____ (20 days). Transmition leave will begin on _____ thru 30 September 2005. (xx days)

SFC XXXXXXXX can be reached at the following number:
HOME:(XXX)XXX-XXXX OFFICE: (XXX)XXX-XXXX CEL (XXX)XXX-XXXX

Soldier will be retirng from: Ft Meade, MD or APG, MD

Retirement address wil be: XXXX XXXXXXXXX XXX
XXXXXXXXXXX, MD XXXXX

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*
MARIE PLUMMER		

ENCL 2

REQUEST AND AUTHORITY FOR LEAVE

This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10.
The proponent agency is ODCSPER. *(See Instructions on Reverse)*

1. CONTROL NUMBER

PART - I

2. NAME *(Last, First, Middle Initial)*	3. SSN	4. RANK	5. DATE
XXXXXXXX, XXXXXXXX	XXX-XX-XXXX	XXX/XX	XX MMM XXXX

6. LEAVE ADDRESS *(Street, City, State, ZIP Code and Phone No.)*	7. TYPE OF LEAVE	8. ORGN, STATION, AND PHONE NO.
111 XXXXXXX XXX XXXXXX, MD XXXXX 410 XXX XXXX	☒ ORDINARY ☐ EMERGENCY ☐ PERMISSIVE TDY ☐ OTHER —	XXX XXXXXXX Co XXX XXXX Street XXXXXXXXXX, MD XXXXX

9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
56	56	0	0	6 Aug 2005	30 Sep 2005

11. SIGNATURE OF REQUESTOR	12. SUPERVISOR RECOMMENDATION/SIGNATURE	13. SIGNATURE AND TITLE OF APPROVING AUTHORITY
	☐ APPROVAL ☐ DISAPPROVAL	MUST BE APPROVED BY LTC/05 OR HIGHER

14. DEPARTURE		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY
6Aug 2005	0001 hrs	MARIE PLUMMER, MSG, Sr AGR PSNCO

15. DEPARTURE		
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY

16. DEPARTURE		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY
30 Sep 2005	2400 hrs	MARIE PLUMMER, MSG, Sr AGR PSNCO

17. REMARKS

Permissive TDY is 18 Jul 2005 - 5 Aug 2005 (20 days)
or
Permissive TDY is 30 Jun 2005 / 5-8 Jul 05 / 12-15 Jul 05 / 19-22 Jul 05 / 26-29 Jul 05 / 2-4 Aug 05 (20 days)

Chargeable leave is from 6Aug 2005 to 30 Sep 2005

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 extensions 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. ☐ *(Space available or required cash reimbursable)* ☐ ONE WAY ☐ ROUND TRIP
☐ *(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

ENCL 3