Retiree Recall Checklist

Purpose: To determine eligibility of Soldier being considered for recall under USC 688 or 12301(d). Submission of information is entirely voluntary, but failure to present requested documentation will result in no further consideration for a tour.

INSTRUCTIONS

Soldier: Complete blocks 1-4. Collect required documents at block 30 and submit your packet through the requesting command.

Administrative data

1. Name of Retired Soldier (Last First, Middle Initial)	2. SSN	3. Rank/Grade

4. MOS/Branch	5. Recall Type	6. Date Received	7. Submitted in DAMPS	8. DAMPS Packet Number
	☒ ADMIN ☐ OCO			HRC-

9. Type of Request	10. ASM Request for Accession, Re-Green, PE *(if needed)*
☐ Initial Tour ☒ Consecutive Tour ☐ Extension	☒ NO ☐ YES, Date:

11. Prior Active Duty for Operational Support (ADOS)			12. CRC Required		
Prior Days:	This Tour:	Total: 0	☒ NO	☐ YES	***Gaining command MUST schedule CRC date***

13. Soldier to reach 1095		14. Soldier to meet or exceed 18 AFS (not common)		
☒ YES	☐ NO	☐ YES	☒ NO	**IMPORTANT:** Once 18 AFS is achieved or exceeded but less than 20, Soldier MUST contact HRC 120 days from order end date to elect to remain on active duty under 10 USC 12686, and meet additional eligibility requirements as outlined in AR 135-200 and applicable US Code. This recall order is a self-terminating order.

Extensions/Consecutive Assignments Only

15. Previous DAMPS Packet	
HRC-	☐ Copy of Last Command Request ☐ Previous Orders

Assignment Request

16. Report Date	17. Notification	18. Report Location/UIC	19. Category	20. Age
	0		Category I	

21. CUR ORG	22. Assigned Location/UIC	23. AFS	24. Para/LIN	25. Recall Authority
6		yrs mos		USC 688

26. Duty Title	27. Duty Station	28. Type of Operation	29. Days
		ADMIN-CONUS	

30. Application Required Documents Checklist

☐	Command Memo, BG request or higher *(contains UIC, para/line#, or WIAS or IA Control Number, duty location, Operation, report date, and justification)*.
☐	1825 Waiver Request Submitted (General Officer memorandum of request required if exceeding 1825)
☐	Position Validation – FMSWeb (MOB/MTOE/TDA, WIAS or IA, BOG)
☐	Military Occupational Specialty/Area of Concentration Mismatch Memo
☐	Medical Credentials (AMEDD Officers ONLY)
☐	DA Form 160 Request for Active Duty (Block #13 include: HT/WT, email address, total AFS (Yrs/Mths)
☐	DA Form 5500/5501 Body Fat Worksheet *(if required, not older than 6 months)*
☐	DA 7349 Initial Medical Review *(pg. 1 completed by applicant, pg. 2 completed and signed by a physician)*
☐	Current Physical Health Assessment (PHA)/Physical Date:
☐	Security Clearance Level/Date (JPAS verified) — **Clearance:** **Date:**
☐	Retirement Order or DD 214
☐	Waiver of Notice (Volunteer Selection Form)
☐	Additional Supporting Documents