<u>Assignment Worksheet – CONUS NO DEPENDENTS</u>

| Rank/Name: | <mark>Cell P</mark> l | | Duty Phone |
|---|---|--|---|
| ************************************** | | | |
| COMPLETED ASSIGNMENT WORKSHEET | | | |
| PAGE 8 (from vMPF online brief) | | | |
| PPC REQUIREMENTS (Emailed sep | parately if there is a requir | ement.) | |
| Retainability (If applicable) | | | |
| *Must obtain within 30 days of assignme Fitness Report (Current through you | | | |
| Titness Report (Current through you | i Kilib) | | |
| Certified SGLI | | | |
| * If additional documents are required for your upcoming assignment, an email will be sent listing the additional requirements | | | |
| Outbound Assignments Contact In | <u>ıfo:</u> | | |
| - Lackland Org Box: 802FSS.ASSIGNMI | ENTS@us.af.mil | - Fort Sam Houston Org Bo | x: 802FSS.CD.MPS-FSH@us.af.mil |
| - Randolph Org Box: 802FSSOL-B.CAR | EERDEV@us.af.mil | | |
| ******** | ***** | · * * * * * * * * * * * * * * * * * * * | *************************** |
| Please initial next to each statement be | elow indicating that you u | nderstand the following: | |
| | • • | - | |
| I <u>must</u> be in uniform for my final | l out-processing appointment | | |
| I understand I am eligible to pa Order. This order does not autho current home or purchasing a new | orize me to engage in financi | al obligations that may cause | |
| I am either identified as PRP, ele Family Member Program (EFMP | | | bendents enrolled in the Exceptional Γ S) completion. |
| I understand that if I am relocating MyVector and answered "yes" to valid for passenger travel or vouc Program (PRP) and/or dependent | o any of the questions and do chering unless accompanied | not have dependents enrolled by an amendment validating | d in the EFMP, this order is not |
| I understand this order is only va passport/visa applications as requ Medical/Dental/FMTS Clearance | uired. MPFs must ensure all | assignment requirements, IA | W AFMAN 36-2102, (ie |
| I understand I am not authorized documenting confirmation of the UCMJ/Disciplinary Action if ma | PRP and/or dependent FMT | S clearance(s) (as applicable | |
| My PT test must be current the final out appointment. | rough my RNLTD. If it exp | oires prior to that date, I un | derstand I must retest prior to my |
| I understand that if I wish to cha immediate supervisor and endorsed/approx | | d departure date by +/- 10-da | ys, I must submit a letter signed by myself, |
| I understand it is MY RESPONS out appointment | SIBILITY to complete ALL | applicable letters and/or acti | ons listed PRIOR to scheduling my final |
| | E . MY final out date will be | scheduled ONE DUTY DA | AN 30 CALENDAR DAYS BEFORE I Y prior to MY projected departure date. If I arting leave. |
| Printed Name and Signature: | | | Date: |