802 FSS JBSA Reenlistment Worksheet

				Middle Name (Spell Out):		
Grade:	SSN (Last 4):	Unit:	D-Phone:	H-	-Phone:	
CAFSC:	DOB:	Projected Reen	listment Date:			
Years reenlisting	ng: 4 5 6 Indef (circ (12 Years or	ele one) + Obligated Service more of TAFMS) Reenlistment		th cannot exce	eed 6 years und	less its Indef).
		MEN ONLY). I understand proved Career Job Reservat				
		AREER AIRMEN ONLY directed reason to reenlist.) I understand I must be w	ithin 90 days	of my Expir	ation Term o
3. Initials	I understand I may sel	l leave on my reenlistment;	not to exceed 60 days in n	ny career.		
4. Initials recoupmer		regarding my bonus entitle	ment and obligated service	e; as well as	termination a	nd
obligated s my reenlis	service I have remaining fr	rized term of reenlistment vom my current reenlistment cannot exceed my high ye	t/extension that I have exec	cuted. The ol	bligated servi	ce is added to
period not	to exceed 7 calendar days	to reenlist immediately aft beyond my date of separati reenlistment decline to reen	on, to complete separation	processing,	should I, imi	
7. Initials	I understand that I must	st be in a present for duty st	atus (and NOT on leave) o	on my reenlis	stment date.	
		nt counseling statements ab nsibility to initiate a reques				
		Article 137 Briefin	g Requirement			
		with the Uniform Code of LT my reenlistment date. I				
ne MyLearning v		merly ADLS) which can be end the certificate of compl mail.mil.				
	Contact the	legal office if you have any	questions about this requ	irement.		
	Fort Sam Houston –	210-808-0169, <u>Lackland</u> –	210-671-3362, <u>Randolph</u>	- 210-652-6	5781	
ignature:		Date: Legal	Office(circle): FSH/LAK	/RND Stam j	D:	
		For Reenlistment	office use only			
\mathbf{A}^{\cdot}	F Form 901/1089 Pick-up	(MPS):	_ DD Form 4 Pick-up (M	PS)		
AFMSD:		FSC/Zone/Mult:				
IYT:		ERS/NCORP RETRAINEE				Day
OF: Vre	Mths		OF	BLIGATED S	SVS:	