

**APPLICATION FOR EXTENDED ACTIVE DUTY WITH THE UNITED STATES AIR FORCE
PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 10211, Policies and Regulations; Participation of Reserve Officers in Preparation and Administration; 10 U.S.C. 12301, Reserve Components Generally; 10 U.S.C. 12310, Reserves: For Organizing, Administering, etc., Reserve Components; 10 U.S.C. 12647, Commissioned Officers; Retention in Active Status While Assigned to Selective Service System or Serving as United States Property and Fiscal Officers; 10 U.S.C. 8021, Air Force Reserve Forces Policy Committee; 32 U.S.C. 708, Property and Fiscal Officers.

PURPOSE: To determine qualifications and eligibility for extended active duty (EAD). If ordered to EAD, the form is maintained in the member's master personnel records.

ROUTINE USES: NONE

DISCLOSURE IS VOLUNTARY: Failure to complete each applicable item (except telephone number) on this form and furnish SSN may result in denial of consideration for order to EAD.

INSTRUCTIONS

1. Enter a postal zip code for each address. When allotted spaces are insufficient, continue under "Remarks" and complete appropriate explanation. Enter dates in Year, Month, Day sequences.
2. Permanent home address (home of record) indicated in item 3 will be indicated in the EAD orders and will be used to compute allowances for entry onto and termination from an EAD tour. Any change to the permanent home address reported after entry on EAD will not affect the address indicated on the EAD orders. If applicant is ordered to EAD from an address other than the permanent home address, such temporary address will also be indicated in the orders.
3. If applying under AFI 36-2008, the applicant must be processed as prescribed in Table 3 or it will be returned without action.
4. An applicant on active duty in an enlisted status must enter in the "Remarks" section the enlisted grade in which serving, and unit of assignment.
5. In addition to the other documents specified in the directive under which applying attach the following to the application:
 - a. One copy of DD Form 214 relieving applicant of most recent tour of EAD. (This item is applicable to Guard/Reserve members who previously served on EAD in A commissioned status).
 - b. If rated, a certified or photostatic copy of your latest Flight Record.
6. Include reason for separation from last period of EAD (if applicable) and any information you believe will be helpful in evaluating your application. Especially important are items of information which may not be contained in your military records.
7. If you have been selected for EAD within one year from the date you submit this request, the application will then be returned to you and you must submit a new AF Form 125 if you still desire consideration.

NOTES (Caution)

1. Do not take action to close out personal affairs until actual receipt of competent orders or instructions. The Air Force cannot be held responsible for such actions.
2. No assurance of assignment to an area of choice may be given. Selections for EAD are on Air Force-wide requirements.
3. If a reservist is selected for assignment to an overseas unit, travel by privately-owned vehicle or transportation of dependents and household goods/house trailer to the base from which processed for overseas movement will not be authorized.

TO				DATE (YYYY MM DD)			
1. NAME (Last, First, Middle Initial)				2. SSN			
3. PERMANENT HOME ADDRESS (City, State, and Zip Code)			4. TEMPORARY ADDRESS		DATE (YYYY MM DD)		
6. COMPONENT		7. CURRENT ASSIGNMENT		8. CURRENT MILITARY ADDRESS		9. GRADE	
10. PRIMARY AFSC(s)		11. DUTY AFSC		12. TELEPHONE NUMBERS			
				Home		Work	
						DSN	
13. EDUCATION (Highest level of education attained, including professional military schools)							
TYPE OF SCHOOL	NAME OF SCHOOL	YEARS ATTENDED		MAJOR SUBJECT	YEARS COMPL.	GRADUATE YES/NO	TYPE OF DEGREE
		FROM	TO				
CIVILIAN							
MILITARY							

14. EXTENDED ACTIVE DUTY PROGRAMS AND AGREEMENTS (Check appropriate item)

I hereby volunteer for extended active duty (EAD) as prescribed in the directive checked below; I agree to the active duty agreement specified.

<input type="checkbox"/>	AFI 36-2007 (Air Force Participation in the Selective Program) I agree to remain on EAD with the Selective Service System (SSS) for an indefinite period unless sooner relieved by competent authority. I further understand that I may request release from EAD at any time and that such release will depend on the requirements of the SSS at the time of submission.
<input type="checkbox"/>	AFI 36-2002 (Voluntary Extended Active Duty (EAD) for Airmen) I understand that the maximum EAD tour is four years and, if selected, the length of my EAD tour will be determined by the Air Force based upon the period of time for which specific requirements of my AFSC exist. Eligibility criteria for enlistment in the Regular Air Force are contained in AFI 36-2002.
<input type="checkbox"/>	AFI 36-2115 (Assignment within the Reserve Components (10 U.S.C 12310)), or AFI 36-2116 (Extended Active Duty for Reserve Component Officers). (To fill 10 U.S.C. 10211, 12310, or 8021 positions in OJCS, OSAF, HQ USAF, NGB, or MAJCOM). I understand that if I am ordered to EAD under AFI 36-2115, or AFI 36-2116, my tour of duty will be a four-year period (three year period if ordered to EAD under AFI 36-2215 for duty as a Base Individual Mobilization Augmentee Administrator) unless sooner relieved by competent authority and that I will be released from EAD upon completion of such tour unless my continuance is approved by HQ USAF.
<input type="checkbox"/>	AFI 36-2008 (Voluntary Extended Active Duty (EAD) for Air Reserve Commissioned Officers).
<input type="checkbox"/>	A. Chaplains - I agree to serve on Extended Active Duty (EAD) for a period of three years unless sooner relieved by competent authority.
<input type="checkbox"/>	B. Line of the Air Force officers and other prior service applicant other than a chaplain or retiree - I agree to serve on EAD for a minimum of four years, I understand that I may incur an additional active duty service commitment beyond the minimum four years as the result of training received, permanent change of station, promotion, or for other reasons prescribed in AFI 36-2107. I further understand that this agreement does not preclude my earlier release or separation from active duty if required by a change in law, regulation, or policy.
<input type="checkbox"/>	C. Other than A and B above (MC, DC, MSC, BSC, NC, JAGs, or retirees) enter officer's competitive category and the specific active duty agreement prescribed in AFI 36-2008.
<input type="checkbox"/>	ANGR 11-87 (Administration - US Property and Fiscal Officers) I agree to serve on active duty for an indefinite period unless sooner relieved by competent authority.
<input type="checkbox"/>	Other

15. CURRENT CIVILIAN OCCUPATION (You may enter under REMARKS any prior periods of employment having direct bearing to the specialty for which call to EAD is being sought.)

DATES OF EMPLOYMENT (YYYY MM DD) FROM TO PRESENT	CURRENT JOB TITLE	MONTHLY SALARY
NAME AND ADDRESS OF EMPLOYER		
DESCRIPTION OF WORK		

16. HAVE YOU EVER BEEN CONVICTED BY A CIVIL COURT OR ARE YOU AWAITING TRIAL BY A CIVIL COURT FOR ANY OFFENSE INCLUDING MINOR TRAFFIC VIOLATIONS? (If Yes, please explain fully under remarks.) (If you have had prior EAD service, list only offenses since release from EAD.)

YES NO

17. FLYING STATUS AGREEMENT (Only officers who hold an aeronautical rating)

IF I AM SELECTED FOR EAD IN A NON-FLYING CAPACITY, I HEREBY VOLUNTARILY REQUEST PERMANENT SUSPENSION FROM FLYING STATUS

YES NO

18. AREA ASSIGNMENT PREFERENCES

I DO I DO NOT VOLUNTEER FOR OVERSEAS

18a. UNITED STATES (Number areas in order of preference)

NORTHEAST	SOUTHEAST	NORTH CENTRAL	SOUTH CENTRAL	NORTHWEST	SOUTHWEST
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18b. OVERSEAS (Number areas in order of preference)

EUROPE	PACIFIC	ALASKA	CARIBBEAN
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19. I WILL BE AVAILABLE FOR ACTIVE DUTY ON (Date)

20. I DO I DO NOT REQUIRE THIRTY (30) DAYS NOTICE PRIOR TO MY ENTRY ON ACTIVE DUTY

21. REMARKS

22. I CERTIFY that the foregoing entries are true, correct, and complete to the best of my knowledge and belief.

TYPE OR PRINT NAME	SIGNATURE	DATE
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