

ENCLOSURE A34

**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 3331; 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 513, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3258, 3262, 5540, 8252, 8253, 8257, 8258, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405; 14 USC 351, 632; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) FORBES, MICHAEL JEFFREY		2. SOCIAL SECURITY NUMBER 188-54-7907			
3. HOME OF RECORD (Street, City, County, State, Country, ZIP Code) 807 OAKMONT AVENUE ERIE, PA 16505		4. PLACE OF ENLISTMENT/REENLISTMENT (Mil. Installation, City, State) HHC, 54TH BEB (A) APO, AE 09606			
5. DATE OF ENLISTMENT/REENLISTMENT (YYYYMMDD) 2020 JAN 16	6. DATE OF BIRTH (YYYYMMDD) 1968 APR 12	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
		a. TOTAL ACTIVE MILITARY SERVICE	12	11	04
		b. TOTAL INACTIVE MILITARY SERVICE	00	03	11

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) ARMY
 this date for INDEFINITE years and _____ weeks beginning in pay grade E6 of which
INDEFINITE years and _____ weeks is considered an Active Duty Obligation, and 0 years and
0 weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial
 enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate
 authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/
 reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe)
A, B AND C

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the United States (list branch of service) _____ for a period not to exceed 365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I WILL be ordered to active duty unless I report to the place shown in item 4 above by (list date (YYYYMMDD)) _____ for enlistment in the Regular component of the United States (list branch of service) _____ for not less than _____ years and _____ weeks.

b. REMARKS: (if none, so state.)

- (1) REGULAR ARMY REENLISTMENT OPTION RCN: 3596935.
- (2) SRB TIER 5, MOS 35F3.
- (3) NO WAIVER.
- (4) 4TH REENLISTMENT.
- (5) LUMP SUM PAYMENT AUTHORIZED IAW MILPER MESSAGE 19-411 PARA 4.
- (6) I UNDERSTAND THAT MY REENLISTMENT IS FOR AN INDEFINITE PERIOD AND THAT I WILL BE ALLOWED TO SERVE UP TO THE RETENTION CONTROL POINT FOR MY CURRENT RANK. THE RETENTION CONTROL POINT FOR MY CURRENT RANK IS 2027 FEB 28. I FURTHER UNDERSTAND THAT IF I AM SELECTED FOR PROMOTION/PROMOTED, REDUCED IN RANK OR BECOME INELIGIBLE FOR CONTINUED SERVICE THAT I MAY BE FURTHER RETAINED OR SEPARATED IAW APPROPRIATE POLICIES IN EFFECT AT THE TIME AS PRESCRIBED BY THE SECRETARY OF THE ARMY OR APPLICABLE LAW. MC (INITIALS)

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) MF

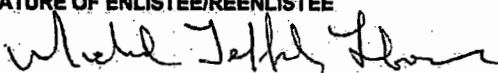
(Continued on Page 2)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) FORBES, MICHAEL JEFFREY	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE 188-54-7907
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D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.

b. SIGNATURE OF ENLISTEE/REENLISTEE 	c. DATE SIGNED (YYYYMMDD) 2020 JAN 16
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14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) ARMY, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle) NORFLEET, BERNADETTE NICOLE	c. PAY GRADE E6	d. UNIT/COMMAND NAME 54TH BEB (ABN)
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD) 2020 JAN 16	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) APO, AE 09606

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

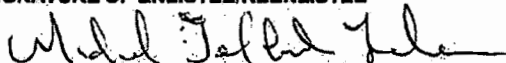
I, MICHAEL JEFFREY FORBES, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18.a. SIGNATURE OF ENLISTEE/REENLISTEE 	b. DATE SIGNED (YYYYMMDD) 2020 JAN 16
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19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle) CRUZ, PABLO	c. PAY GRADE W2	d. UNIT/COMMAND NAME HHC, 173RD IBCT (A)
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD) 2020 JAN 16	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) APO, AE 09606

(Initials of Enlistee/Reenlistee) _____

STATEMENT OF ENTITLEMENT TO RETENTION INCENTIVE

For use of this form, see AR 601-280, the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Section 331 and 373 of Title 37, U.S.C. and Executive Order 9397 (SSN) as amended.
PRINCIPAL PURPOSE: To explain the conditions under which continued entitlement of the incentive may be terminated and unearned portion of advanced incentive payments recouped. The purpose of soliciting the SSN is for positive identification. Information may be referred to appropriate authorities if individual becomes subject to termination and/or recoupment of incentive.
ROUTINE USES: To provide the Defense and Financial Accounting Service with individuals entitled to a retention incentive in return for continued service.
DISCLOSURE: Voluntary. However, failure to furnish information requested may result in denial of a retention incentive.
CITATION: System of Record Notice (SORN): A0600-8-104 AHRC.

AGREEMENT

1. NAME (Last, First, MI) FORBES, MICHAEL JEFFREY	2. RANK SSG	3. SSN 188-54-7907
4. ORGANIZATION/UNIT HHC, 54TH BEB (A)	5. Retention Control Number (RCN) 3596935	

6. I understand that I am receiving a retention incentive in return for my continued service in the following MOS/Skill:
 35F3 per MILPER 19-411 PARA 4 TIER 5 (Enter applicable MILPER/Policy message)

7. I agree to accept an incentive in the amount of \$ 22,800 (base amount of \$ 22,800 and a plus amount of \$ 0) for Additional Obligated Service (AOS) from 20201203 to 20251202.
bonus obligation start date bonus obligation end date

8. A lump sum payment shall be paid when qualified in the listed MOS/Skill in accordance with the listed MILPER/Policy message. I will not be paid more than \$200,000 of incentive payments over my career, regardless of the Service Component unless granted an exception from USD(P&R).

9. I understand the incentive payment will be subject to income tax withholdings in accordance with DOD 7000.14-R, Financial Management Regulation, Vol. 7A.

10. I further understand that a portion of my incentive may be allocated to my Thrift Savings Plan (TSP), based on my current TSP elections.

11. The incentive program is a voluntary retention program. Unless a waiver is granted, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 6 above, even if that obligation will extend me beyond 20 years of active federal service.

12. The effective date of the entitlement is the date of the accompanying (select the appropriate form):
 DD Form 4/1 (Reenlistment) DA Form 1695 (Extension) DA Form 3340 (Agreement)

13. I understand that I must remain technically qualified in MOS/Skill identified above. I understand that I will NOT be considered technically qualified when I am no longer classified in that MOS/Skill, or become precluded from performing my current or future assignment in that MOS/Skill. These actions may include, but are not limited to the following:

- a. My refusal to perform required duties for the effective performance in the MOS/Skill.
- b. Disciplinary action taken against me under UCMJ or civil court conviction, which disqualifies me from future performance in the identified MOS/Skill.
- c. Being selected for the Qualitative Management Program (QMP), and subsequent separation (voluntarily or involuntarily) from service makes me subject to recoupment of the unearned portion of my incentive.
- d. Personal misconduct that causes injury, illness, or some other condition that interferes with effective performance in the MOS/Skill.
- e. Withdrawal of the minimal security clearance, loss of qualification under the Personnel Reliability Program (PRP), or loss of any other mandatory qualification required for effective performance in the MOS/Skill.

14. A discharge due to bankruptcy under Title 11, U.S.C. that is entered less than 5 years after the termination of the agreement does not discharge me from a debt arising from this agreement.

15. Failure to complete the service requirement may result in the termination of this agreement, and repayment of any unearned portion of the incentive payment on a pro rata basis, unless the failure to complete the period of active duty specified in the agreement is due to:

- a. Death, illness, injury, or other physical impairment that is not the result of my misconduct or willful neglect, or is the result of any other circumstance determined to be reasonably beyond my control and not incurred during a period of unauthorized absence; or
- b. Separation from the military service by operation of law or regulation of DoD or the Army, when waiver for recoupment has been approved by the Secretary of the Army, or the delegated authority.

16. SIGNATURE OF RECIPIENT <i>Michael Jeffrey Forbes</i>	17. DATE (YYYYMMDD) 20200116	18. SIGNATURE OF CAREER COUNSELOR	19. DATE (YYYYMMDD)
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