

STATEMENT OF UNDERSTANDING (OVERAGE STATUS)

(From AFI 36-2115)

Member's Name _____ Member's SSN _____ Member's Grade _____

Current Overage (yes) X (no) _____ Current Expiration date _____, date overage originated _____)

1. I acknowledge that I am being assigned in an overage status to position number _____, with an authorized grade of _____, in AFSC _____ with an expiration date of _____. While assigned as an overage, I understand the following conditions apply:

a. My overage status may be withdrawn at any time by the unit commander or Individual Mobilization Augmentee Program Manager (IMAPM), and I must either be assigned to ARPC within 180 days or by the expiration date of my current overage waiver, whichever comes first.

b. During this overage period, I will make every effort to locate a vacant position for which I am qualified.

c. There have been no promises or guarantees given allowing me to be retained indefinitely in an overage status.

d. For TSgts only: I cannot fill a SSgt or below position unless I accept a voluntary demotion to SSgt.

e. For SSgts and TSgts: I am ineligible for promotion consideration.

f. For Captain's: If I am selected for promotion to Major, I will vacate this position as an overage within 180 days from the effective date of rank or by the expiration date of my current overage waiver, whichever comes first.

g. BRAC/Force Reduction Overages: Once declared surplus I will be reassigned to ARPC or retired with RTAP benefits.

2. I have been provided a copy of this statement of understanding for my personal file.

(Signature of Member)

(Date)

1st Indorsement

IAW FY04 CV and Wing Manning Policy this overage is approved. Overage code "_____" applies with an expiration date not to exceed _____(date).

(Employment Chief's Signature and Signature Block)

(Date)