

**FORCE MANAGEMENT REVIEW (FMR) MEMBER ACKNOWLEDGEMENT OF DECISION NOTIFICATION**

The proponent agency is NGB/HR. The prescribing directive is ANGI 36 - 6

**INSTRUCTIONS**

*Place full initials next to every statement to indicate that it has been read and understood. Once you have read and initialed all applicable statements, indicating your understanding, print your full name in the member name block below and date and sign.*

**STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_, hereby acknowledge receipt of the CY \_\_\_\_\_ Statutory Tour Force Management Review results.

**Please initial appropriate action below, based on your FMR results.**

\_\_\_\_\_ I understand I have been selected for career status within the statutory tour program.  
 - Officers entering Career Status – extended until 20 years of total active federal military service or mandatory separation date, whichever is sooner.  
 - Enlisted entering Career Status – extended not to exceed current enlistment; successive extensions will be granted at each reenlistment up to 20 years of total active federal military service or mandatory separation date whichever is sooner, as long as member meets reenlistment requirements.

\_\_\_\_\_ I understand I have been selected for extension beyond 20 years of active service within the statutory tour program.  
 New date of separation as indicated \_\_\_\_\_  
 (YYYYMMDD)

\_\_\_\_\_ I understand I have not been selected for career status within the statutory tour program. I have been offered an extension to the new date of separation as indicated \_\_\_\_\_ I will be reviewed for career status on the next applicable FMR.  
 (YYYYMMDD)

\_\_\_\_\_ I understand I will complete all requirements for DOS extension within 60 days of receipt of this memorandum.

\_\_\_\_\_ I understand I have not been selected for extension in the statutory tour program. I will be released at my DOS, unless advised otherwise, to either return to state control or retire.

\_\_\_\_\_ I understand my signature below serves only as acknowledgement of this result notification and does not imply my agreement. I also understand that if I do not concur with the FMR decision I may request reconsideration in writing. In my reconsideration, I must justify why the FMR result is not in the best interest of the Air National Guard. Supporting justification, not provided by me with the original Career Planning Worksheet, may be provided. Any reconsideration request submitted must include support or non- support endorsements of my chain of command. Chain of command is afforded the opportunity to provide additional rationale if needed. Requests received without the appropriate chain of command coordination will be returned without action. Reconsiderations must be received by NGB/HR within 30 days of my acknowledgement date of this memorandum of notification of FMR results. I also understand that my chain of command will not hold a reconsideration request to circumvent the 30 day submission requirement. The reconsideration decision of the Director, Air National Guard is final. There is no appeal beyond the Director, Air National Guard.

I will be submitting a reconsideration request of my FMR results.  I will not be submitting a reconsideration request of my FMR results.

<p><b>MEMBER FULL NAME</b> (Last, First Middle)</p>	<p><b>MEMBER SIGNATURE</b></p>	<p><b>DATE</b> (YYYYMMDD)</p>
<p>_____                  Director / Office Chief / or 2 - digit Equivalent                  ANG or NGB Sponsoring Director/Officer Chief                  NGB Personal Staff - CNGB / ANG Personal Staff - DANG</p>	<p><b>SIGNATURE</b></p>	<p><b>DATE</b> (YYYYMMDD)</p>