## MOARNG VOLUNTARY TRANSFER FOR DEPLOYMENT FORM

NAME (Last, First	, MI):		
RANK:	UNIT/UIC:		
LIST ALL MOS/AOC'S THAT YOU CURRENTLY HAVE:			
PHONE:	EN	MAIL:	
Are you interested in remaining with the deploying unit upon return. Yes: No:  (this could terminate an Incentive)			
Desired unit for deployment:			
(Leave blank if you have no preference)			
Would you be willing to waive your 30 day notification period for deployment? Yes: No: (All mobilizing Soldiers are entitled to a minimum 30-day notification period. Answering yes does not take place of the 30-day notification waiver)			
Are you willing to reclass? Yes: No:			
When would you li	ke this volunteer request to	expire (365 days is	f left blank)
Comments:			
I certify that is in good standing with the unit and has no existing/pending flags for adverse action, no height/weight/APFT failures, no positive urinalysis and no known medical readiness issues.			
Name: Soldier Requesting	5	Signature	Date:
Name: Unit Approval, Co	mpany Commander	Signature	Date:
Name: Battalion Approval	, Battalion Commander	Signature	Date:
Name: Brigade Commander, Brigade Commander		Signature	Date:

Volunteers will be placed on deployments as needed and notified through the proper command channels. Please do not contact the J1 Mobilization section about your volunteer request, unless it is to remove the request. Completed forms should be emailed through your chain of command, for signatures, to the J1 Mobilization Office.