

Sample CRS Form

APPLICATION FOR CONDITIONAL RESERVE STATUS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 280; U.S.C. Chapters 35 and 39; 10 U.S.C. 8013; EO 9397

PRINCIPAL PURPOSE(S): This form provides necessary information to substantiate an officer's application for Conditional Reserve Status. Use of SSN is necessary to make positive identification of the individual and records.

ROUTINE USES: None

DISCLOSURE IS VOLUNTARY: If information is not provided, no further action will be taken.

TO: WING/CCs NAME AND COMPLETE 3 LINE ADDRESS		FROM: (Name - Last, First, Middle Initial, Organization and Installation) JOHN DOE, 123 TRW/HC (FULL MAILING ADDRESS) 321 CHAPEL DRIVE ANY AFB, TX 12345	
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GRADE CAPT	SSN 123-45-6789	DATE OF SEPARATION 2004 06 30	PREVIOUS INDEFINITE RESERVE STATUS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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REASON FOR CAREER DECISION
SIMPLY STATE YOUR REASONS FOR WANTING TO REMAIN IN THE AIR FORCE

REQUEST FOR CONDITIONAL RESERVE STATUS

- If approved, I accept Conditional Reserve Status (CRS) and agree to remain on active duty (AD).
- I understand this agreement does not preclude my requesting separation under applicable directives and that approval of my request for separation will depend upon the requirements of the Air Force.
- If final approval/disapproval is not received before my date of separation (DOS), I agree to be voluntarily retained on AD until final action is taken on my application. I understand that if I am retained beyond my DOS and my application is disapproved, I will be voluntarily separated as soon as possible after a decision is reached.

DATE 20030806	SIGNATURE OF REQUESTING OFFICER
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RATING SECTION

(To be completed by officer normally writing applicant's performance report. Use reverse for remarks.)

<input checked="" type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL	
DATE 20030817	TYPED NAME AND GRADE OF RATING OFFICER SUPERVISOR'S NAME & GRADE (WING CHAP ENDORSE ON REVERSE)	SIGNATURE

FIRST INDORSEMENT

(Use reverse for remarks and additional indorsements.)

TO: MAJCOM/HC COMPLETE THREE LINE ADDRESS	FROM: WING/CCs NAME AND COMPLETE 3 LINE ADDRESS
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<input checked="" type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL	
DATE	TYPED NAME AND GRADE OF COMMANDER WING COMMANDERS NAME & GRADE	SIGNATURE

APPROVING AUTHORITY

<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL
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REASON FOR DISAPPROVAL

(FORWARD TO MAJCOM/HC FOR THEIR ENDORSEMENT. MAJCOM/HC WILL ENDORSE ON REVERSE, THEN FORWARD PACKAGE TO HQ AFPC/DPAH FOR FINAL APPROVAL/DISAPPROVAL)

ACTIVITY OF APPROVING AUTHORITY
HQ AFPC/DPAH, 550 C ST W STE 28, RANDOLPH AFB TX 78150-4730

DATE	TYPED NAME AND GRADE OF COMMANDER LEAVE BLANK. DPAH WILL COMPLETE	SIGNATURE
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RATING SECTION: (THIS CAN BE FROM HIS RATER)

Recommend immediate approval of Conditional Reserve Status (CRS) for

_____etc.

**RUSSELL T. WELL, Colonel, USAF
Senior Chaplain, Parish Ministries Branch**

1st, Endorsement, 23 WG/HC, date, Application for Conditional Reserve Status

MEMORANDUM FOR (MAJCOM, ETC HQ AETC/HC)

Chaplain is an .Absolutely select for Conditional Reserve.

**MARY ANN. JONES, Ch, Maj, USAF
Senior Protestant Chaplain
Office of the Wing Chaplain**

2nd, Endorsement.....

3rd Endorsement

4th Endorsement, Endorsement, date, 23 WG/HC, date, Application for Conditional Reserve Status

MAJCOM/HC DATE

MEMORANDUM FOR HQ AFPC/DPAH

I strongly recommend approval of Chaplain 's application for Conditional Reserve Status

**NAME, Ch, Colonel, USAF
MAJCOM Command Chaplain**