

DEPARTMENT OF THE ARMY  
GEORGIA ARMY NATIONAL GUARD  
RECRUITING AND RETENTION BATTALION  
5019 GEORGIA HIGHWAY 42, ROOM 202  
ELLENWOOD, GEORGIA 30294-3438

GA-G1-R

1 November 2009

MEMORANDUM THRU

~~Commander, 2nd Regional R&R Task Force (ATTN: MAJ First Name, Middle Initial, Last Name)~~ 5019 Georgia Highway 42, Room 202, Ellenwood, Georgia 30294-3438 *ben 2 Nov 09*

~~Commander, Recruiting and Retention Brigade (ATTN: LTC First Name, Middle Initial, Last Name)~~ 5019 Georgia Highway 42, Room 202, Ellenwood, Georgia 30294-3438 *J. J. 3 Nov 09*

~~Chief of Staff (ATTN: COL First Name, Middle Initial, Last Name)~~ 5019 Georgia Highway 42, Ellenwood, Room 212, Georgia 30294-3438 *A. M. 4 Nov 09*

For Human Resources Office (ATTN: CW2 First Name, Middle Initial, Last Name) HRO-AGR, 5019 Georgia Highway 42, Room 209, Ellenwood, Georgia 30294-3438

SUBJECT: Application for Voluntary Resignation

1. This memorandum is to serve as my official request to resign from the Georgia Army National Guard ACTIVE Guard and Reserve Program as a Recruiting and Retention Noncommissioned Officer. I feel it is in my best interest and that of the command that I resign with the effective date of 6 February 2010.

2. I request to return to M-Day status and be transferred to 1230<sup>th</sup> Transportation Company (-) (WQVAFF), 510 Louise Street, Bainbridge, GA 39819-4672, Paragraph 110 / Line 14.

3. Based on my accrued leave balance of 90 days, I am requesting terminal leave beginning on 9 November 2009 and ending on 6 February 2010.

4. Point of contact for this information is the undersigned at (706) 222-3344.

*Christy J. Pringles*

CHRISTY J. PRINGLES  
SFC, GA ARNG  
Recruiting and Retention NCO

**REQUEST AND AUTHORITY FOR LEAVE**

This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10.  
The proponent agency is DCS, G-1. (See instructions on reverse.)

1. CONTROL NUMBER

9496

**PART I**

2. NAME (Last, First, Middle Initial) PRINGLES, CHRISTY J.		3. SSN 999-88-7777	4. RANK SFC	5. DATE 20091101
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 5960 ANSBACH AVENUE SAVANNAH, GA 33111 (706) 222-3344		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER TERMINAL LEAVE		8. ORGN. STATION, AND PHONE NO. GA ARNG REC & RET BDE SAVANNAH, GA 30333 (706) 111-2233

9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 90	b. REQUESTED 90	c. ADVANCED	d. EXCESS	a. FROM 20091109	b. TO 20100206

11. SIGNATURE OF REQUESTOR <i>Christy J. Pringles</i>	12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <i>Vinton W. Painter</i>	13. SIGNATURE AND TITLE OF APPROVING AUTHORITY <i>Nix V. Blue</i> BLUE, NIX, V., MAJ, FI, AO
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14. DEPARTURE		
a. DATE 20091109	b. TIME 0001	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY HAMS, TIM E, SFC, LEAVE CONTROL CLERK <i>Tim E. Hams</i>

15. EXTENSION		
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY

16. RETURN		
a. DATE 20100206	b. TIME 2400	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY HAMS, TIM E, SFC, LEAVE CONTROL CLERK <i>Tim E. Hams</i>

17. REMARKS

Chargeable leave is from 20091109 to 20100206

**PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL**

18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.

19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:

For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC):  
Should you require other assistance call PAP:

20. DEPARTED UNIT	21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT
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**PART III - DEPENDENT TRAVEL AUTHORIZATION**

25.  (Space available or required cash reimbursable)     ONE WAY     ROUND TRIP  
 (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25

**DEPENDENT INFORMATION**

a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER

**PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION**

26. DESIGNATION AND LOCATION OF HEADQUARTERS		27. ACCOUNTING CITATION
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION



SECTION D - PROPERTY ACCOUNTABILITY AND PAY ITEMS

12. PROPERTY ACCOUNTABILITY

12a. STATEMENT OF CHARGES/ CASH COLLECTION VOUCHER  REPORT OF SURVEY

12b. DATE OF SOURCE DOCUMENT (YYYYMMDD) 12c. AMOUNT

12d. DISPOSITION

13. PAY ITEMS (Check all that apply)

BAS  BAH  COLA  CHA  FSA  IOP  CPP  SDAP

OTHER (Specify)

13a. INCENTIVE PAY (Specify Type) 13b.  ENLISTMENT BONUS  REENLISTMENT BONUS

SECTION E - BATTALION/UNIT CLEARANCE ITEMS. A check by an item confirms that the item has been verified and that necessary action has been taken.

14. BN S1/UNIT COMMANDER VERIFYING OFFICIAL

a. TYPE OR PRINT NAME: FARR, KENNETH D. b. SIGNATURE: *Kenneth D. Farr* c. DATE (YYYYMMDD): 20090901

D4 Form 31  Family Care Plan  PROFIS Duty Position  TRICARE Dental Program

Meal Card  DD Form 2948  Duty Roster  Exceptional Family Member Program

Line of Duty Investigation  DOD Travel Charge Card  Physical Profile

Unit Items  Flagged  Personnel Register

Evaluation Reports  Weight Control Program  Change of Address Form

15. BN S2/3/UNIT COMMANDER VERIFYING OFFICIAL

a. TYPE OR PRINT NAME: CEILING, WILLIAM G. b. SIGNATURE: *William G. Ceiling* c. DATE (YYYYMMDD): 20090902

Security Briefing/Debriefing  APFT  Security Clearances

Weapons Qualification  Training Records  Antiterrorism Briefing

Training Room  PERSTEMPO Verification Sheet

16. BN S4/UNIT COMMANDER VERIFYING OFFICIAL

a. TYPE OR PRINT NAME: HOPPER, CECIL K. b. SIGNATURE: *Cecil K. Hopper* c. DATE (YYYYMMDD): 20090903

Supply Room  NBC Room  Motor Pool

Arms Room  Protective Mask Inserts

17. OTHER

a. OTHER CLEARANCES

b. TYPE OR PRINT NAME

c. SIGNATURE

d. DATE (YYYYMMDD)

18. REMARKS

19. SOLDIER'S AUTHENTICATION

a. TYPE OR PRINT NAME: PRINGLES, CHRISTY J. b. SIGNATURE: *Christy J. Pringles* b. DATE (YYYYMMDD): 20090901

20. COMMANDER/BN S1 AUTHENTICATING OFFICIAL

a. TYPE OR PRINT NAME: NESWICK, ROGER W. b. SIGNATURE: *Roger W. Neswick* c. DATE (YYYYMMDD): 20090904

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DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																
ID	NAME (Last, First, MI)		SOC. SEC. NO.		GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED					
	PRINGLES, CHRISTY		999-88-7777		E7	810714	28	110228	ARMY	4913	1-30 SEP 09					
ENTITLEMENTS			DEDUCTIONS				ALLOTMENTS				SUMMARY					
Type	Amount		Type	Amount		Type	Amount		+Amt Fwd		.00					
A	BASE PAY 4521.00		FEDERAL TAXES 444.95						+Tot Ent		5985.87					
B	BAS 323.87		FICA-SOC SECURITY 280.30						-Tot Ded		3527.33					
C	BAH 1141.00		FICA-MEDICARE 65.55						-Tot Allt		.00					
D			SGLI 27.00						=Net Amt		2458.54					
E			STATE TAXES 243.96						-Cr Fwd		.00					
F			SGLI FAM/Spouse 7.00						=EOM Pay		2458.54					
G			MID-MONTH-PAY 2458.57													
H																
I																
J																
K																
L																
M																
N																
O																
TOTAL			5985.87		3527.33											
LEAVE		BF Bal	Emd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose	FED TAXES	Wage Period	Wage YTD	M/S	Ex	Add'l Tax	Tax YTD
		68.5	17.5	11	73.0	115.5	.0	.0	.0	4521.00	40689.00	M	00	.00	4137.95	
FICA TAXES		Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St	Wage Period	Wage YTD	M/S	Ex	Tax YTD			
		4521.00	40689.00	2522.70	40689.00	589.95	GA	4521.00	40689.00	S	00	2195.64				
PAY DATA		BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN		
		SINGLE	SPOUSE	30294	800.00	1	R		0			.00	B2	NGUARD		
THRIFT SAVINGS PLAN (TSP)		Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current							
		0	.00	0	.00	0	.00	0	.00							
		TSP YTD Deductions			Deferred			Exempt								
		.00			.00			.00								

REMARKS: YTD ENTITLE 53872.83 YTD DEDUCT 9752.24

IF TSP ELECTION AMT EXCEEDS NET AMT DUE, TSP WILL NOT BE DEDUCTED.

-ACCESS TO HEALTHCARE BEGINS WITH DEERS ENROLLMENT. IF YOUR FAMILY MEMBERS ARE NOT ENROLLED, VISIT YOUR PERSONNEL OFFICE IMMEDIATELY.

EFF 1 OCT 09, THE ARMY WILL PAY UP-FRONT TUITION COSTS FOR ALL APPROVED COURSES. LEARN MORE AT GOARMYED.COM OR CONTACT YOUR LOCAL EDUCATION CENTER.

-BEWARE OF "FEES" FOR EDUCATION & POST 9/11 GI BILL COUNSELING. SERVICES ARE FREE AT YOUR LOCAL EDUCATION CENTER.

-AC ENLISTED SOLDIERS MUST NOTIFY THEIR CAREER COUNSELOR WHEN THEY SUBMIT A REQUEST TO TRANSFER POST 9/11 GI BILL BENEFITS.

-MEMBERS WITH LARGE FAMILIES & QUALIFYING INCOME MAY BE ELIGIBLE FOR MONTHLY ENTITLEMENTS THROUGH THE FAMILY SUBSISTANCE SUPPLEMENTAL ALLOWANCE PROGRAM. VISIT [HTTP://WWW.DMDC.OSD.MIL/FSSA](http://www.dmdc.osd.mil/fssa).

USED LEAVE BALANCE ADJUSTED.

CURRENT MONTH LEAVE BALANCE ADJUSTED.

USED LEAVE BALANCE ADJUSTED.

CURRENT MONTH LEAVE BALANCE ADJUSTED.

CHARGE LEAVE 090731-090731(250)

CHARGE LEAVE 090818-090821(250)

BAH BASED ON W/O DEP. ZIP 30294

BANK WACHOVIA BANK NA

ACCT # 1: