

EAD REFRAD Request Checklist

Reference: AR 635-200 (enlisted) or 600-8-24 (officer) Purpose: To Request to Leave EAD tour Early			
<p>This request must be forwarded through HQ, USAREC the POC is MSG Hoffman at 502-626-0214 (DSN 536) Fax 0920/0921. If it does not come from HQ USAREC then it will be sent back without action.</p>			
Name: (Last, First MI)		Rank:	Current Unit / UIC:
Supporting Military Installation:	Reason for Request:		Current Reserve/NG Unit Address and #:
			AKO Email Address:
Current Tour Dates: Report: End:		Requested Refrad Date: (include Terminal Leave and add 5 additional days)	PSNCO Name: Work #:
			PSNCO Fax Number: Home #:
Documents Needed	Remarks		
Endorsement	Concur or Non-concur by the chain of command.		
DA Form 4187 Requesting REFRAD	<p>Signed memo needs to either concur or non-concur refrad by the first O5 in chain of command.</p> <p>DA Form 4187 must include the following...</p> <p>A) Request (VOLUNTARY/INVOLUNTARY) release from AD. I am on AD under the EAD program.</p> <p>B) Reason for Request (I.e. selected for AGR, hardship, Chapter __ etc.)</p> <p>C) Current Tour End Date: _____ Requested REFRAD Date: _____</p> <p>D) "I (WILL / WILL NOT) need to take Terminal Leave."</p> <p>E) "I understand that I will transferred to the Army Reserves (REIN) upon my release.</p> <p>F) My MOS (IS / IS NOT) a Stop Loss MOS</p> <p>DA Form 4187 must be signed by the soldier and the immediate commander.</p>		
Copy of Original EAD Orders / Amendments			
Supporting Documentation	Any and all documents that support request.		
I understand that a copy of the REFRAD Orders and DD 214 must be faxed to (703)325-4838/8959 DSN 221-4838/8959.		SM Initials:	My new Address will be:

**Submit this form with the above information to SSG Harris, EAD Branch NCOIC
FAX (703) 325-4838/8959 or DSN 221-4838/8959**