DEPARTMENT OF DEFENSE

ACTIVE DUTY MILITARY MEMBER RETURN FORM

DUTY STATUS CLEARANCE AND RE-INTEGRATION RECORD

1. SERVICE MEMBER INFORMATION

FULL NAME (LAST, FIRST, MIDDLE INITIAL)

_____

RANK / PAY GRADE

_____

DOD ID NUMBER / SERVICE NUMBER

_____

BRANCH OF SERVICE

_____

CURRENT UNIT / COMMAND / DUTY STATION

_____

2. ABSENCE & RETURN DETAILS

DEPARTURE DATE

_____

ACTUAL RETURN DATE

_____

NATURE OF ABSENCE / DUTY CATEGORY

- ☐ Ordinary Leave
- ☐ Convalescent Leave
- ☐ Temporary Additional Duty (TAD/TDY)
- ☐ Deployment / PCS
- ☐ Emergency Leave
- ☐ Other

3. CLEARANCE & RE-INTEGRATION CHECKLIST

- ☐ Medical Clearance Completed (If returning from medical/sick leave or deployment)
- ☐ S-1 / Admin Check-in Completed (Duty status updated in database)
- ☐ Central Issue Facility (CIF) / Gear & Equipment Accounted For
- ☐ Security Manager Debriefing (If applicable)

4. REMARKS / SPECIAL INSTRUCTIONS

_____

_____

_____

5. AUTHORIZING SIGNATURES

SIGNATURE OF SERVICE MEMBER

DATE

SIGNATURE OF WITNESSING OFFICER / NCOIC (NAME & RANK)

DATE

SIGNATURE OF COMMANDING OFFICER / AUTHORIZED REPRESENTATIVE

DATE

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. 552a). The personal information requested is used to document the return-to-duty status of active duty military personnel. Disclosure is voluntary; however, failure to provide the requested information may result in delays in administrative processing or pay adjustment.