DEPARTMENT OF THE MILITARY
ACTIVE DUTY RETURN SERVICE REQUEST

DATE:

TO:

FROM:

SUBJECT:

1. In accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and applicable military regulations, I am hereby formally requesting reinstatement and return to my civilian position/academic status following my release from active duty service.

2. My period of active duty service commenced on _____ and terminated/will terminate on _____. A copy of my official military orders and/or Certificate of Release or Discharge from Active Duty (DD Form 214 / discharge documentation) is attached or will be provided upon receipt.

3. I intend to return to my duties on _____. Please contact me at the information below to confirm the receipt of this request and to coordinate the administrative details of my return.

Contact Information During Transition:
Mailing Address:

_____

_____

Phone Number: _____
Email Address: _____

_____
Service Member Signature

Rank/Rate: _____
Branch of Service: _____

_____
Date Received by Representative

Printed Name: _____
Title: _____