DEPARTMENT OF DEFENSE

MEMORANDUM FOR: _____

FROM: _____

SUBJECT: **Official Return to Active Duty Status**

DATE: _____

1. PERSONNEL IDENTIFICATION

Full Name (Last, First, Middle Initial)	**Rank / Rate / Pay Grade**	**DoD ID Number / SSN**
Branch of Service	**Unit / Command / Duty Station**	**MOS / AFSC / Rating**

2. DUTY STATUS CHANGE DETAILS

Previous Duty Status (e.g., Leave, TAD/TDY, Deployment, Medical)	**Effective Date of Departure**
Authorized Return Date	**Actual Date & Time of Return**

3. MEDICAL AND ADMINISTRATIVE CLEARANCE

Department / Section	**Status (Cleared / Pending)**	**Authorized Signature / Stamp**
Medical / Dental Readiness		
S-1 / Admin / Personnel		
Security Manager (if applicable)		
Supply / Logistics (Gear Return)		

4. REMARKS / SPECIAL INSTRUCTIONS

5. AUTHORIZATION AND ACKNOWLEDGEMENT

By signing below, the Service Member acknowledges return to duty status, and the Commanding Officer or designated representative verifies that all administrative and readiness requirements have been met.

Signature of Service Member

Date: _____

Signature of Commanding Officer / Authorized Authority

Printed Name / Title / Rank

Date: _____