DEPARTMENT OF THE MILITARY

MEMORANDUM
FOR:

SUBJECT: Active Duty Return Reporting and Duty Status Update

DATE:

RETURN FROM ACTIVE DUTY REPORTING FORM

1. SERVICE MEMBER INFORMATION

Last Name	**First Name**	**Middle Initial**	**Rank / Grade**
DoD ID Number	**Branch of Service**	**Component (Active/Res/NG)**	**Unit of Assignment**

2. PERIOD OF ACTIVE DUTY & RETURN DETAILS

Operation / Exercise / Order Number	**Duty Location / Area of Responsibility**
Departure Date (YYYYMMDD)	**Return Date to Home Station (YYYYMMDD)**

3. DUTY STATUS & CLEARANCE

Requirement / Clearance Check	**Yes**	**No**
Medical Out-Processing/Post-Deployment Health Assessment (PDHA) Completed		
Dental Out-Processing Completed		
Travel Voucher / DTS Filed		
Unit Equipment / CIF Returned/Accounted For		
Security Clearance Debrief (If Applicable)		

4. REMARKS / EXPLANATIONS

Signature of Service Member	Signature of Unit Representative / Commanding Officer
Date: _____	Date: _____