

APPLICATION FOR RECALL TO EXTENDED ACTIVE DUTY

NAVPERS 1331/5 (Rev. 5-91)

PRIVACY ACT STATEMENT

Authority to request this information is derived from 5 United States Code, 301, Departmental Regulations. Purpose of this form is to provide a means for an individual to request voluntary recall to extended active duty, and the information is used to evaluate the individual's request. The form is subsequently filed in an individual's official personnel record for any other routine personnel management action required. If voluntary recall to extended active duty is desired then completion of all information on this form is mandatory. Failure to provide requested information may result in an inability to process the application.

TO: Chief of Naval Personnel (Pers 252), Washington, DC 20370

| | | | | | |
|--|--------------------------|--|---------------------|------------------|--------------|
| NAME (Last, first, middle) | | GRADE | SOCIAL SECURITY NO. | DESIGNATOR | DATE OF RANK |
| RESERVE UNIT TO WHICH ATTACHED OR COMMAND HOLDING YOUR RECORDS | DATE OF BIRTH | MARITAL STATUS | NO. OF DEPENDENTS | AGES OF CHILDREN | |
| TOTAL NAVAL SERVICE | | DATE LAST RELEASED FROM EXTENDED ACTIVE DUTY | | | |
| | ACTIVE (Years-Months) | INACTIVE (Years-Months) | REASON FOR RELEASE | | |
| OFFICER | | | | | |
| ENLISTED | | | | | |

In accordance with the provisions of BUPERS Manual, Art.1820320, it is requested that I be recalled to active duty. The following information is furnished.

REASON FOR REQUESTING RECALL TO ACTIVE DUTY:

BRIEF RESUME OF CIVILIAN EMPLOYMENT AND/OR EDUCATION SINCE RELEASE TO INACTIVE DUTY:

| | | | | | |
|--|-------------|----------------|--|-------------|----------------|
| AVIATORS ONLY -- TOTAL FLIGHT TIME AND CARRIER LANDINGS BY TYPE WITH YEARS(S) IN WHICH PERFORMED | | | | | |
| TYPE AIRCRAFT | TOTAL HOURS | YEAR PERFORMED | TYPE AIRCRAFT | TOTAL HOURS | YEAR PERFORMED |
| | | | | | |
| LENGTH OF ACTIVE DUTY AGREEMENT DESIRED (Maximum - 5 years) | | | MINIMUM ACCEPTABLE ACTIVE DUTY AGREEMENT (Minimum - 2 years) | | |
| DESIRED REPORTING DATE | | | NUMBER OF DAYS ADVANCE NOTIFICATION NEEDED | | |
| PREFERENCES FOR DUTY ASSIGNMENT | | | | | |
| LOCALITY | | | TYPE OF DUTY | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| HOME ADDRESS (include Zip code) AND TELEPHONE NO. | | | ADDRESS TO WHICH ORDERS SHOULD BE MAILED (if other than home address) (include Zip Code) | | |

ADDITIONAL COMMENTS:

| | |
|----------------|-----------|
| DATE SUBMITTED | SIGNATURE |
|----------------|-----------|