

Statement of Understanding for Relinquishment of Paid Rank Entitlement

I, _____
(Service Number) (Rank) (First and Last Name)

understand that I am required to relinquish my entitlement for pay in the rank of

_____ and will be paid in the rank of _____
(Substantive Rank) (Paid Rank)

for:

a. an indefinite period. I will be employed in the unpaid rank of

_____ ; or
(Substantive Rank)

b. the _____ from _____
(Course/Training Activity/Other) (Start Date)

to _____ .
(End Date)

(delete the non-applicable sub-paragraph above)

I understand that I am authorized to wear the rank of _____
(Rank)

during this period.

(Unit Name) (Unit Location)

(Date) (Member's Signature)

(Date) (Commanding Officer's Signature)

Distribution List

Area Cadet Office
SO3 Training (for courses only)
Records

Cdt #134 (9-00)