

EAD REFRAD Request Checklist

Reference: AR 635-200 (enlisted) or 600-8-24 (officer) Purpose: To Request to Leave EAD tour Early

Name: (Last, First MI)		Rank:	Current Unit / UIC:	
Supporting Military Installation:	Reason for Request:	Current Reserve/NG Unit Address and #:		
		AKO Email Address:		
Current Tour Dates: Report: End:	Requested Refrad Date: (include Terminal Leave and add 5 additional days)	PSNCO Name:	Work #:	
		PSNCO Fax Number:	Home #:	
Documents Needed	Remarks			
Endorsement Memo	Signed memo needs to either concur or non-concur refrad by the first O5 in chain of command.			
DA Form 4187 Requesting REFRAD	DA Form 4187 must include the following... A) Request (VOLUNTARY/INVOLUNTARY) release from AD. I am on AD under the EAD program. B) Reason for Request (I.e. selected for AGR, hardship, Chapter __ etc.) C) Current Tour End Date: _____ Requested REFRAD Date: _____ D) "I (WILL / WILL NOT) need to take Terminal Leave." E) "I understand that I will transferred to the Army Reserves (REIN) upon my release." F) My MOS (IS / IS NOT) a Stop Loss MOS DA Form 4187 must be signed by the soldier and the immediate commander.			
Copy of Original EAD Orders / Amendments				
Supporting Documentation	Any and all documents that support request.			
I understand that a copy of the REFRAD Orders and DD 214 must be faxed to (703)325-4838/8959 DSN 221-4838/8959.		SM Initials:	My new Address will be:	

**Submit this form with the above information to SSG Harris, EAD Branch NCOIC
FAX (703) 325-4838/8959 or DSN 221-4838/8959**