CONDITION OF EMPLOYMENT - RESERVE MEMBERSHIP
Troop Program Unit (TPU) or Support Activity

DIRECTIONS: All individuals selected for positions in the United States Army Reserve Military Technician (USAR MT) Program who are required to maintain membership in the Selected Reserve (Troop Program Unit or Individual Mobilization Augmentation) must complete this form.

RESERVE MEMBERSHIP REQUIREMENTS: This requirement is governed by 10 USC 10216, DOD Directive 1205.18, and Army Regulation 140-315.

☐ You are employed in a support activity, e.g., Area Maintenance Support Activity (AMSA), Aviation Support Facility (ASF), Equipment Concentration Site (ECS), Reserve Personnel Action Center (RPAC), etc.

☐ You must establish and maintain membership in a TPU or Individual Mobilization Augmentation (IMA) position. Loss of membership is considered failure to maintain the Condition of Employment and may be grounds for removal.

☐ You are employed in a Troop Program Unit (TPU).

☐ You must establish and maintain membership in a TPU. Loss of membership in a TPU is considered failure to maintain the Condition of Employment and may be grounds for removal.

[X] EMPLOYEE CERTIFICATION: I HEREBY UNDERSTAND THE CONDITION OF EMPLOYMENT.

[X] I UNDERSTAND THAT I MAY NOT BE ELIGIBLE FOR AN UNREDUCED ANNUITY AT AGE 60. I UNDERSTAND THAT AN EXTENSION OF ANY APPLICABLE MANDATORY REMOVAL DATE OR MAXIMUM YEARS OF SERVICE LIMITATION MAY NOT BE GRANTED.

PRINTED NAME:

SIGNATURE:		DATE:

[X] RESERVE MEMBERSHIP CERTIFICATION:

COMMAND: UNIT:

UIC: DATE MEMBERSHIP ESTABLISHED:

MTOE paragraph & line #:

Mil Position Title:

I certify the above information is true. Employee was advised of the above condition of employment on _____ (date)

I will ensure the selectee continues to maintain Selected Reserve Membership as stated above and failure to do so will be reported to the Civilian Personnel Advisory Center within 30 calendar days of notice of loss of reserve membership. I will ensure the technician's civilian supervisor is aware of his/her loss of membership.

PRINTED NAME:

SIGNATURE (CERTIFYING OFFICIAL):		DATE: