

STAFF-IN-CONFIDENCE *(After first entry)*

Department of Defence

Application for Resignation, Separation, Discharge or Transfer to the Reserves

Distribution	
Original - Relevant career	management agency copy
Copy 2 -Regional ADF	Transition centre copy
Copy 3 -Applicant's copy	

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Section 1 - To be completed by applicant *(In conjunction with ADF TC or Unit Admin staff - if deployed)*

Employee ID	Service number	Family name	Given name(s)	Employment category
Rank	Service	Ship or unit	Ship or unit message address	
ADF Transition centre			Date of last entry or appointment	Phone number
Separation date	Transfer date	Last working day	Transition co-ordinator	
Details of all leave or career transition training to be taken prior to discharge				

Resignation, separation or transfer

I hereby effective on the above date for the following reason:

Reached compulsory retiring age Provided required minimum effective service Completed term of engagement

Other

State reason

Supporting documents attached Yes No
(Including intention signal and any counselling minutes as appropriate)

- I understand that:
- should I be discharged prior to completion of my initial service obligation, that certain relocation entitlements may be forfeited. Yes Not applicable
 - my request for discharge may not be approved unless I have fulfilled any Return Of Service Obligation (ROSO) or Undertaking For Further Service (UFFS). Yes Not applicable
- Note:** If you require an estimate in respect to any retention benefit liability contact your local pay representative.
- I may request to revoke or vary this application at any time before the discharge date but that the approval of such a request will be subject to Service requirements. If my request to revoke or vary this application for discharge is approved, I must accept any consequential posting or employment turbulence. Yes Not applicable
 - on resignation I wish to be placed on the Retired List *(Officers only)* Yes No Not applicable

I request a transfer to *(Navy only)* For a period of years.

I am I am not willing to accept reduction in pay to secure transfer.

I am I am not willing to accept reduction in rank to secure transfer.

I am I am not willing to change corps or muster to secure transfer.

If my application to transfer to the Reserves is not approved, I wish to resign or continue to discharge. Yes No Not applicable

Preferred ship or unit

Location

Preferred ECN *(Army only)*

In accordance with [DI\(G\) PERS 25-4 Notification of Post Separation Employment as a separating member of the Australian Defence Force](#), I acknowledge my obligations in regard to post separation employment.

Applicant's signature	Date
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Section 2 - To be completed by member's supervisor

The following actions have been taken:			<i>(Army only)</i>		
Psych report requested and attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	AIRN compliant	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Welfare report requested and attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	BFA result	Date of last BFA
Additional support documentation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	MEC	Date of last MECR
Supervisor's comments					
Signature			Printed name		
Rank	Appointment	Phone number		Date	

Section 3 - To be completed by member's Commanding Officer

On the requested date of discharge or transfer from the current force, the following criteria will have been met <i>(Justification for any 'No' box ticked must be made in the Member's Commanding Officer's comments):</i>			The following recommendations are made:		
The initial minimum service obligation has been met	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	Transfer to requested force is recommended	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Any return of service obligation has been completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	Discharge is recommended	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
The minimum notice requirement has been met	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	Susequent transfer if member should apply for re-enlistment or re-entry	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
<i>(If 'No', Member's Commanding Officer MUST comment below.)</i>			<i>(If 'No', Member's Commanding Officer MUST comment below.)</i>		
Member's Commanding Officer's comments					
Signature			Printed name		
Rank	Appointment	Phone number		Date	
I have sighted and understand the Commanding Officer's recommendations.					
Applicant's signature			Printed name		Date

Section 4 - To be completed by APA *(Army only)*

Career advisor APA comments				
Recommended employment details				
Rank	Plan	Grade	Step	
ECN	APN	Admin unit		
Signature	Printed name	Rank	Appointment	Date