

**STATEMENT OF UNDERSTANDING**  
**Waiver of Active Duty (AD) Sanctuary**  
**(Air National Guard)**

1. I understand that under the sanctuary protection provided to me by 10 U.S.C. §12686(a), if I serve the period of AD now being offered to me and which is the subject of this waiver (from \_\_\_\_\_(DATE) to \_\_\_\_\_(DATE) at \_\_\_\_\_(LOCATION)), I will then be serving on AD within 2 years of becoming eligible for retired pay under the military retirement system. After I enter that 2-year sanctuary, I cannot be involuntarily released from AD, without approval by the Secretary of the Air Force (SAF), before I become eligible for retired pay.

2. I understand that in order for me to serve this AD period, which would bring me within the sanctuary protection, I must waive my right to the sanctuary protection, which would otherwise apply to me.

3. This waiver, shown by my signature below, means I will not receive sanctuary protection even though I will be serving on AD within 2 years of becoming eligible for retired pay. Therefore, I may be released from AD without the SAF approval even though serving on AD within 2 years of becoming eligible for retired pay.

4. I also understand that my waiver submitted here nor any order requiring me to perform further voluntary service on AD is effective until and unless this waiver is approved in writing by National Guard Bureau, Force Management (NGB/A1POF) as delegated by the Secretary of the Air Force (SAF).

I, \_\_\_\_\_ (Typed, Rank, Name, SSN) voluntarily waive my right to invoke sanctuary as provided under Title 10, U.S.C. §12686 (b).

(Please initial each statement)

\_\_\_\_ I have read the above explanation and have been fully counseled on the impact that it has on my participation.

\_\_\_\_ I understand that by waiving my right to sanctuary for an AD retirement I am allowed to perform an Active Special Work (ADSW) or Manpower Personnel Authorization (MPA) or temporary Active Guard/Reserve (AGR) tour of less than 180 days.

\_\_\_\_ I understand that while performing the approved tour I may not claim sanctuary.

\_\_\_\_ I understand that for each type of AD tour or extension thereof that I request, except Active Duty for Training (ADT), a new waiver will be required and accomplished.

\_\_\_\_ I understand that my AD tour will not begin until I have proper approval from the SAF or designee.

\_\_\_\_ I understand that this tour, may not be extended beyond 179 days.

\_\_\_\_ I understand that this written document will be filed at NGB/A1POF and in my electronic Automated Records Management System (ARMS) record as evidence that I have waived my right to sanctuary protection.

\_\_\_\_\_  
Member's Full Signature and Date

\_\_\_\_\_  
Witness Signature

1st Ind, Unit Commander  
Wing Commander  
State/Territory JFHQ-ANG  
In Turn

Date \_\_\_\_\_

MEMORANDUM FOR NGB/A1POF

I support the action of requester to waive his sanctuary protection to perform the above voluntary tour of AD.

cc: Individual

\_\_\_\_\_  
Typed Signature Block and Signature

2nd Ind, NGB/A1POF

Date \_\_\_\_\_

Recommend Coordination

\_\_\_\_\_  
Signature Block

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Privacy Act Statement: Under the Privacy Act of 1974, Title 5 U.S.C. § 552(a) (2000), the release of your SSN is for identification purposes and voluntary.