Print Form

OVERSEAS TOUR EXTENSION — REQUEST FOR DECISION

For use this form, see AK Reg 690-3; the proponent agency is EACP.

Privacy Act Statement of 1974

Authority: Title 5, U.S.C.; Part I, Chapter 3, Section 301, Executive Order 13478
Principal purpose and use: To apply for overseas extension.
Mandatory or voluntary disclosure and effect on individual not providing information: Voluntary.
However, failure by the individual to provide the information will prevent the individual's overseas tour extension.

Location of CPAC:_____ **POC:**_____ **Date Prepared:**_____ **Suspense Date:**_____

If you have questions about this request, please contact your servicing CPAC no later than the suspense date above.
Telephone number: **E-mail:**

Part A (Employee)

Name: _____ **SSN** _____

Position Title: _____ **PP/Series/Grade/Pay Band** _____

Organization: _____ **EEC No** ☐ **Yes** ☐ **(must sign DD Form 2365)**

Return Rights: No ☐ **Yes** ☐ **If yes, return rights are to** _____

Current DEROS: _____ **Date arrived overseas:** _____ **Date 5-year limit expires:** _____

Part B (Supervisor)

☐ **Ration Control Check Complete**

☐ **Provost Marshall Office Record Check Complete**

☐ **Recommend tour extension for a period of ____ months (NTE 24 Months)**

Typed name _____ **Duty Phone** _____ **Signature** _____ **Date:** _____

Part C (Career Program Manager)

☐ **Concur** ☐ **Nonconcur** ☐ **N/A** **Career Program #**_____

Typed name _____ **Duty Phone** _____ **Signature** _____ **Date:** _____

Part D (Approval Authority)

☐ **Tour extension approved for a period of ____ months (NTE 24 Months)** **New DEROS Date:** _____

☐ **Tour extension disapproved (Employee complete Part E)**

Typed name _____ **Duty Phone** _____ **Signature** _____ **Date:** _____

Part E (Employee not Extended)

I will ☐ **Exercise return rights** ☐ **Retire** ☐ **Resign**

☐ **Register in the DOD Priority Placement Program (PPP) and initial the following statement:**

_____ **Initials** **I understand that according to the terms in my rotation agreement, I must contact CPAC within 7 workdays after notification on non-extension to schedule an appointment for PPP registration and counseling. I will register in the PPP no earlier than 6 months before the end of my current overseas tour.**

Typed name _____ **Duty Phone** _____ **Signature** _____ **Date:** _____

Part F (Employee Extended)

☐ **I concur with the extension** ☐ **I nonconcur with the extension (complete part E above)**

Typed name _____ **Duty Phone** _____ **Signature** _____ **Date**_____