

Af form 4009 instructions

Continue

CLASSIFICATION/ON-THE-JOB TRAINING ACTION		PERSONNEL ACTION NO. C-					
TO: (Organization) /DPME	FROM: (Organization/Office Symbol)						
I. INDIVIDUAL IDENTIFICATION							
NAME (Last, First, MI)	GRADE	SSN					
UNIT							
II. PERSONNEL DATA CHANGES							
AFSC INFORMATION							
AWARD AFSC	AS	AFSC EFFECTIVE					
EFFECTIVE		ENTER/CONTINUE AFSC TB CODE					
REDISEGNATE	AS	AFSC WITHDRAW AFSC TB CODE					
PAFSC FROM	TO	COMPLETED AFSC TB CODE					
DAFSC FROM	TO	DATE INITIALLY ENTERED RETRO					
EFFECTIVE		DIRECTED DUTY AFSC DOA EXPIRATION					
2 AFSC FROM	TO	DATE REASON					
3 AFSC FROM	TO	ASN UPGRADE DATE					
4 AFSC FROM	TO	INCENTIVE PAY					
ADD-AFSC FROM	TO	AMOUNT AFSC					
WITHDRAW AFSC		WITHDRAW PRO-FR EFFECTIVE					
SPECIAL EXPERIENCE IDENTIFIER (S) (Airman Only)							
DESIGNATE CAFSC SEE		MISCELLANEOUS INFORMATION					
DESIGNATE GENERAL SEE		ADSCO REASON					
DESIGNATE SEE	WITH I AFSC	PROMOTION/STATUS					
WITHDRAW SEE	FROM I AFSC	PRO-TRANS TO EFFECTIVE					
DUTY INFORMATION							
DAFSC	EFFECTIVE	ASSIGNMENT AVAIL CODE/DOA					
OFFICE SYMBOL	DOA	DESIGNATE WAFSC EFFECTIVE					
POSITION NO.		WITHDRAW WAFSC EFFECTIVE					
COMD LVL	DUTY LVL	THRU					
AUTHORITY							
DATE	NAME, GRADE, TITLE, DUTY PHONE, SUPERVISOR'S SIGNATURE OFFICIAL SIGNATURE						
III. COINCIDENCE OF MEMBER							
DATE	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT CONCOUR SIGNATURE OF MEMBER						
IV. INTRA-BASE ASSIGNMENT ACTIONS							
RNLTD/EFFECTIVE DATE	ASSIGNMENT ACTION NUMBER	ASSIGNMENT FROM	ASSIGNMENT TO				
V. REMARKS							
VI. APPROVAL BY COMMANDER OR AUTHORIZED REPRESENTATIVE			DATE				
FOR THE COMMANDER	TYPED NAME, GRADE, AND TITLE		SIGNATURE				
VII. ACTION BY PERSONNEL OFFICIAL			DATE				
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	HEADQUARTERS					
FOR THE COMMANDER	TYPED NAME, GRADE, AND TITLE		SIGNATURE				
This authorization remains in effect after Airman's discharge and immediate reenlistment at the same station provided that he/she has no break in military service.							
VIII. UNIT/CPO COORDINATION RECORD							
DPME	1. DPM	2. DPM	3. DPM	4. DPM	5. DPM	6. DPM	UNIT

AF IMT 2096, 19850201, V1 PREVIOUS EDITION WILL BE USED. AF FORM 10 COPY

PREDEPARTURE SAFETY BRIEFING

INSTRUCTIONS

- Unit commanders must ensure that military personnel under the age of 26 are reminded, before departure on leave, TDY, or PCS, of the hazards involving recreational activities and travel by private motor vehicles.
- The unit commander, first sergeant, flight commander, immediate supervisor, or military training manager will conduct this briefing. Group briefing may be given if so desired.
- Units are responsible for adding to the following guidance by using educational materials tailored to the installation's location, climatic conditions, and recreational activities. Supplemental educational and briefing material can be obtained from the ground safety office.
- Part III, "Travel Itinerary" will be completed by the departing member and reviewed by the unit commander, first sergeant, flight commander, immediate supervisor, or the military training manager for approval prior to member's departure.
- Part IV, "Other Information," may be overprinted for local information, group briefing, etc.
- Dispose of this IMT in accordance with Air Force Records Disposition Schedule (RDS).

BRIEFING GUIDE

- Urge the driver to carefully and intelligently plan the trip, allowing time for rest prior to departure and at least every 2 hours while traveling. Travelers should not drive more than 10 hours during any 24-hour period. Strongly encourage travelers to get a good night's sleep (7-8 hours) while traveling.
- Encourage the traveler to be sure sufficient funds are available to cover expenses. A shortage of funds often leads to exhausting, marathon driving.
- Encourage the traveler to check the weather forecast for the intended route of travel.
- Discourage driving during late night hours. Many drivers on the road after dark possibly have been drinking.
- Stress the value of occupant restraint devices, including child and head restraints.
- Stress the importance of vehicle condition; vehicle defects also contribute to mishaps.
- Discuss the main causes of injury and death by vehicle mishaps, which are speeding, fatigue, alcohol, nonuse of occupant restraints, and nonuse of helmets by motorists.
- Remind personnel to extend safety principles and common sense in planned recreational activities while off duty. Sports and recreational injuries are the leading cause of injuries to Airmen. These injuries can be prevented. While there are inherent risks associated with every activity, these risks can be minimized by performing warm-up and stretching exercises prior to physical activities, drinking plenty of fluids during the activity, avoiding overexertion, and stretching after the activity.
- Discuss the requirement for personnel who plan on engaging in high-risk activities such as flying civil aircraft, hang gliding, skydiving, parasailing, white-water rafting, motorcycle and auto racing, scuba diving, bungee jumping, etc., to inform their military training manager, immediate supervisor, flight commander, first sergeant, or unit commander. These personnel will schedule a follow-on briefing with the appropriate individual to discuss the hazards and potential for injuries associated with their activity.
- Advise the traveler to contact their unit commander, first sergeant, flight commander, immediate supervisor or command post in the event of involvement in an accident or an emergency situation. Ensure the member is provided the phone numbers of the points of contact.

FAMILY CARE CERTIFICATION**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C., Section 8013, Secretary of the Air Force; as implemented by Air Force Instruction 36-2908, Family Care Plans, and Executive Order 13377 (SSN), as amended.

PURPOSE: Provides information to unit commanders/supervisors for required actions related to personnel administration and counseling, assignment, off-duty activities, and deployment management.

ROUTINE USES: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(2). DoD 'Blanket Routine Uses' apply.

DISCLOSURE: VOLUNTARY. Failure to provide requested information may result in disciplinary action and/or administrative separation from the United States Air Force.

SECTION I. MEMBER'S CERTIFICATION

I have been counseled and fully understand Air Force policy on family care responsibilities. I have read AFI 36-2908, Family Care Plans and understand that I must arrange for care of family members, remain available for deployment and training, and report for duty as required without interference of responsibility for family members. I assume responsibility for all obligations for such things as child care, food, adequate housing, transportation, and emergency needs of my family members regardless of age.							
I affirm that I have made and will maintain arrangements for the care of my family to permit me to be worldwide available during all of the following circumstances:							
A. Duty hours		D. Alerts		G. PCS or PCA		H. Similar Military Obligations	
B. Exercises		E. Temporary Duty		F. Extended Duty Hours			
3. I understand that I may be subject to a short notice deployment and that I will not be guaranteed special privileges because I have family members. I understand that if arrangements for the care of family members fail, I must still report for duty.							
4. I understand failure to make and maintain adequate family care arrangements may be grounds for disciplinary action and separation from Regular Air Force, Air Force Reserve or Air National Guard components.							
5. I understand I must complete, revise, or reorient my family care plan upon arrival at a new unit, before reenlisting or extending enlistment, on notification of assignment, when personal status or family circumstances change, or during the annual reenlistment/briefing.							
6. I have made all necessary arrangements (legal, educational, monetary, religious, etc.) for a smooth, rapid turnover of family care responsibilities.							
7. I have arranged to complete travel that may be required to transfer my family members to the designated person. If my primary long-term family caregiver is not in the local area, I understand I must arrange with a nonmilitary person in the local area to assume temporary custody of my family members until responsibility is transferred to my primary long-term caregiver.							
8. I understand that while serving in an overseas area, I must arrange for escort and care of my family members if a Noncombatant Evacuation Operation (NEO) is implemented. I know I will be required to remain in place and perform my military duties.							
9. I understand I may be subject to action under the Uniform Code of Military Justice (UCMJ) and/or appropriate Reserve component discharge authorities if this statement is not accurate.							

TYPED OR PRINTED NAME, GRADE (Last, First, MI) SIGNATURE DATE

SECTION II. DESIGNATION OF CAREGIVERS

I (We) have designated the following temporary custodian to care for my (our) family member(s) in the event of my (our) death or incapacity to assume temporary custody until a legal guardian is appointed by a court of competent jurisdiction. (Temporary custodian must reside in the local vicinity to ensure immediate control of family members can be assumed. This individual may be a military member.)							
COMPLETE ADDRESS (including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP+4 where applicable)							
TELEPHONE NUMBER (Include Area Code) <input type="text"/> E-MAIL ADDRESS <input type="text"/>							
I (We) have designated the following individual(s) as a short-term caregiver to care for my (our) family member(s) during short-term absences (e.g., 12. temporary duty for schooling or training, or, in the case of Air Force Reserve and Air National Guard members, active duty for training). (Short-term caregiver must reside in the local vicinity.)							
COMPLETE ADDRESS (including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP+4 where applicable)							
TELEPHONE NUMBER (Include Area Code) <input type="text"/> E-MAIL ADDRESS <input type="text"/>							
I (We) have designated the following individual(s) as a long-term caregiver to care for my (our) family member(s) during long-term absences (e.g., 13. operational deployment, mobilization and for Reserve component members, activation of Reserve component personnel for an operational mission or in a period of national emergency or institution).							
COMPLETE ADDRESS (including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP+4 where applicable)							
TELEPHONE NUMBER (Include Area Code) <input type="text"/> E-MAIL ADDRESS <input type="text"/>							

AF FORM 357, 20150316

PREVIOUS EDITIONS ARE OBSOLETE

AF MARS PERSONNEL ACTION NOTIFICATION		
TO: <input type="text"/>	FROM: <input type="text"/>	Effective Date: <input type="text"/>
ASSIGNMENT ACTION		
<input type="checkbox"/> Membership <input type="checkbox"/> Appointment Your membership in the AF MARS program has been approved/modified as indicated and you are assigned as follows: <input type="checkbox"/> Renewal <input type="checkbox"/> Termination NET: <input type="text"/> FREQUENCY: <input type="text"/> NET MANAGER (full name and address) EMISSION: <input type="text"/> MAXIMUM POWER: <input type="text"/>		
NET OPERATING SCHEDULE:		
ZULU TIME	LOCAL STANDARD TIME	
START: <input type="text"/> END: <input type="text"/>	START: <input type="text"/> END: <input type="text"/>	WEEKDAYS: <input type="text"/>
*TERMINATION / Disenrollment ACTION		
<input type="checkbox"/> INACTIVE STATUS AUTHORIZED UNIT: <input type="checkbox"/> (not to exceed six months) <input type="checkbox"/> MEMBERSHIP IN THE AIR FORCE MARS PROGRAM HAS BEEN TERMINATED FOR THE FOLLOWING CAUSE(S): <input type="checkbox"/> RETURN FORM AF366 TO YOUR STATE MARS DIRECTOR. <input type="checkbox"/> FAILURE TO MEET MINIMUM PARTICIPATION REQUIREMENTS + <input type="checkbox"/> EXPIRATION OF LICENSE <input type="checkbox"/> FAILURE TO REPORT CHANGE OF ADDRESS OR OTHER INFORMATION CURRENTLY ON FILE <input type="checkbox"/> FAILURE TO REPLY TO OFFICIAL CORRESPONDENCE <input type="checkbox"/> RESIGNATION HAS BEEN ACCEPTED <input type="checkbox"/> MEMBER IS DECEDED (SD)		
After termination, the AF MARS Director will cancel AF MARS members upon written request to the appropriate State MARS Director, provided sufficient justification is furnished. If you feel that cancellation action is not warranted because of extenuating circumstance, administrative error or other reasons, you must send your State MARS Director a written request for reinstatement. Requests for reinstatement must be submitted within one year of termination. Members terminated for cause must wait two years before being considered for reinstatement. Members terminated for major cause must wait five years before being considered for reinstatement.		
*TERMINATION FOR CAUSE: requires HQ AFCA authentication + Military overseas exempt		
ADDITIONAL COMMENTS:		
COPIES TO:		
AUTHENTICATION		
TYPED NAME AND GRADE: <input type="text"/>		SIGNATURE: <input type="text"/>

AF MARS Form AF3661, JUNE 2009, FOR OFFICIAL USE ONLY (POU) WHEN FILLED IN

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING																							
PRIVACY ACT STATEMENT																							
<p>AUTHORITY: 37 USC 403, Public Law 95-343, EIQ 8397</p> <p>PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing.</p> <p>ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law; the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare purposes, and contractors for additional information and financial obligations, for debts and/or payments.</p> <p>DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH.</p>																							
PART A - IDENTIFICATION & DUTY LOCATION <table border="1"> <tr> <td colspan="2">LOGGING OFFICIAL</td> </tr> <tr> <td colspan="2"> NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____ ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM: _____ TO: _____ </td> </tr> <tr> <td colspan="2"> PART B - MARITAL/DEPENDENT STATUS 6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENTS MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED (Date) (Date) </td> </tr> <tr> <td colspan="2"> PART C - NONCUSTODIAL PARENTS I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ _____ PER MONTH FOR DEPENDENT SUPPORT BASED ON: <input type="checkbox"/> DIVORCE DECREE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN 8. I <input type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date) <small>Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth/DOB.</small> (a) NAME (Last, First, MI) (b) ADDRESS, CITY, STATE, ZIP OR COUNTRY (c) RELATIONSHIP (d) DOB </td> </tr> <tr> <td colspan="4"> PART D - IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER, PROVIDE THE FOLLOWING NAME SSN BRANCH OF SERVICE STATION </td> </tr> <tr> <td colspan="4"> PART E - MEMBER'S CERTIFICATION (For members with dependents) <input type="checkbox"/> I certify that I provide adequate support (see AFM 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recovering allowances paid for any prior periods of non-support. 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MEMBER'S SIGNATURE: Click to sign		DATE																					

Hypertension has a major impact on the pathogenesis, management, and prognosis of atrial fibrillation (AF; Figure).1 Common consequences of hypertension, such as left ventricular (LV) hypertrophy, kidney dysfunction, cardiovascular, and cerebrovascular disorders, are recognized risk factors for AF occurrence and development of its complications. Figure. Hypertension and atrial fibrillation (AF) axis in the cardiovascular disease continuum. HFrEF indicates heart failure with preserved ejection fraction; RAAS, renin-angiotensin-aldosterone system; SE, systemic embolism; and TIA, transient ischemic attack. Hypertension is very common in AF patients (Figure S1 in the online-only Data Supplement), and evidence points toward a significant contribution of high blood pressure (BP) to AF incidence2 (Table S1). Patients with hypertension have 1.7-fold higher risk of developing AF than normotensive individuals, and 1 in 6 cases of AF has been attributed to hypertension.3,4 Given the high incidence of AF in hypertension, one may even argue that AF is yet another manifestation of the hypertensive target organ damage. Adequate management of hypertension is important for AF prevention, rhythm control, heart failure, and stroke prevention. The management of cardiac arrhythmias in patients with hypertension has been the topic of a recent consensus produced by the European Heart Rhythm Society and European Society of Cardiology Council on Hypertension and endorsed by the Heart Rhythm Society and Asia Pacific Heart Rhythm Society.4,5 The objective of this narrative review is to summarize current data on the epidemiology and pathophysiology of hypertension in relation to AF, their management, and ongoing research in the field. New BP Targets Currently, the Eighth Joint National Committee recommends a target BP of

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