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 _____
REDESIGNATE _____ AS _____ AFSC
PAFSC FROM _____ TO _____
CAFSC FROM _____ TO _____
EFFECTIVE _____
2 AFSC FROM _____ TO _____
3 AFSC FROM _____ TO _____
4 AFSC FROM _____ TO _____
ADD AFSC FROM _____ TO _____
WITHDRAW AFSC _____
SPECIAL EXPERIENCE IDENTIFIER (SI) (Airman Only)
DESIGNATE CAFSC SEI _____
DESIGNATE GENERAL SEI _____
DESIGNATE SEI _____ WITH ( ) AFSC
WITHDRAW SEI _____ FROM ( ) AFSC

DUTY INFORMATION

DAFSC _____ EFFECTIVE
OFFICE SYMBOL _____ PH
POSITION NO. _____
COMD LVL _____ DUTY TITLE

AUTHORITY

OJT INFORMATION

EFFECTIVE _____
ENTER/CONTINUE AFSC _____ TS CODE _____
WITHDRAW AFSC _____ TS CODE _____
COMPLETED AFSC _____ TS CODE _____
DATE INITIALLY ENTERED RETNG _____
DIRECTED DUTY AFSC _____ DDA EXPIRATION
DATE _____ REASON _____
ASSIGNMENT LIMITATION/ASN UP/GRADE DATE _____
PROFICIENCY PAY
TRAINING _____ AMOUNT _____ AFSC _____
EFFECTIVE _____ PRO PAY STATUS REASON _____
WITHDRAW PRO PAY _____ EFFECTIVE _____
MISCELLANEOUS INFORMATION
ADSCD _____ REASON _____
PROMOTION HOLD STATUS
PROMOTION _____ TO _____ EFFECTIVE _____
WITHHOLD OF RANK _____
ASSIGNMENT AVAIL CODE/DOA _____
DESIGNATE WAFSC _____ EFFECTIVE _____
WITHDRAW WAFSC _____ EFFECTIVE _____

DATE	NAME, GRADE, TITLE, DUTY PHONE, SUPERVISOR/REQUESTING OFFICIAL	SIGNATURE

III. CONCURRENCE OF MEMBER

DATE	☐ DO ☐ DO NOT CONCUR	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

☐ APPROVED ☐ DISAPPROVED

FOR THE COMMANDER	TYPED NAME, GRADE, AND TITLE	HEADQUARTERS / 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/CBPO COORDINATION RECORD

DMPE		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

PART I. INSTRUCTIONS

1. 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.

2. 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.

3. 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.

4. 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.

5. Part IV, "Other Information," may be overprinted for local information, group briefing, etc.

6. Dispose of this IMT in accordance with Air Force Records Disposition Schedule (RDS).

PART II. BRIEFING GUIDE

1. 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.**

2. Encourage the traveler to be sure sufficient funds are available to cover expenses. A shortage of funds often leads to exhausting, marathon driving.

3. Encourage the traveler to check the weather forecast for the intended route of travel.

4. Discourage driving during late night hours. Many drivers on the road after dark possibly have been drinking.

5. Stress the value of occupant restraint devices, including child and head restraints.

6. Stress the importance of vehicle condition; vehicle defects also contribute to mishaps.

7. 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 motorcyclists.

8. 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.

9. 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.

10. 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.

AF Form 4392, 20110805

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 9397 (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)(3). DoD 'Blanket Routine Uses' apply.
DISCLOSURE: VOLUNTARY. Failure to provide requested information may result in disciplinary action and/or administrative separation from the Status Air Force.

SECTION I. MEMBER'S CERTIFICATION

1. 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.

2. 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
B. Exercises
C. Unaccompanied Tours
D. Alerts
E. Temporary Duty
F. Extended Duty Hours
G. PCS or PCA
H. Similar Military Obligations

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 recertify 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 recertification/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

11. 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.)**

TYPED OR PRINTED NAME *(Last, First, MI)*	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)*	E-MAIL ADDDRESS

12. 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., 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.)**

TYPED OR PRINTED NAME *(Last, First, MI)*	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)*	E-MAIL ADDDRESS

13. 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., 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 mobilization).

TYPED OR PRINTED NAME *(Last, First, MI)*	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)*	E-MAIL ADDDRESS

AF FORM 357, 20150316 PREVIOUS EDITIONS ARE OBSOLETE

AF MARS PERSONNEL ACTION NOTIFICATION

TO:	FROM:	Effective Date:

ASSIGNMENT ACTION

☐ Membership ☐ Appointment ☐ Renewal ☐ Termination

Your membership in the AF MARS program has been approved/modified as indicated and you are assigned as follows:

NET MANAGER (full name and address)

NET:	FREQUENCY:
EMISSION:	MAXIMUM POWER:

NET OPERATING SCHEDULE:

ZULU TIME			LOCAL STANDARD TIME		
START:	END:	WEEKDAYS:	START:	END:	WEEKDAYS:

*** TERMINATION / Disenrollment ACTION**

☐ INACTIVE STATUS AUTHORIZED UNTIL: (not to exceed six months)
☐ MEMBERSHIP IN THE AIR FORCE MARS PROGRAM HAS BEEN TERMINATED FOR THE FOLLOWING CAUSE(S). RETURN FORM AF3666 TO YOUR STATE MARS DIRECTOR. *
☐ FAILURE TO MEET MINIMUM PARTICIPATION REQUIREMENTS +
☐ EXPIRATION OF LICENSE
☐ FAILURE TO Report CHANGE OF ADDRESS OR OTHER INFORMATION CURRENTLY ON FILE
☐ FAILURE TO REPLY TO OFFICIAL COORESPONDENCE
☐ RESIGNATION HAS BEEN ACCEPTED
☐ MEMBER IS DECEASED (SK)

AFI 33-106 provides for reinstatement of cancelled 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 within 30 days of receipt of this notification. Members that resign must wait one year before reinstatement. 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:	SIGNATURE:

AF MARS Form AF3661, JUNE 2009 , FOR OFFICIAL USE ONLY (FOUO) 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

AUTHORITY: *37 USC 403, Public Law 96-343, EO 9397*
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.*
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 insurance companies for allotment information and financial institutions, for deposits and/or payments.*
DISCLOSURE: *Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH*

PART A - IDENTIFICATION & DUTY LOCATION

1. NAME *(Last, First, MI)*

2. SSN	3. GRADE	4. PHONE

5A. DUTY LOCATION *(Base, State, ZIP Code or Country)*

5B. E-MAIL ADDRESS

PART B - MARITAL/DEPENDENT STATUS

6 ☐ SINGLE, NO DEPENDENTS ☐ SINGLE, CLAIMING DEPENDENT(S)

MARRIED - SPOUSE IS A: ☐ CIVILIAN ☐ MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:

☐ DIVORCED _____ (Date) ☐ LEGALLY SEPARATED _____ (Date)

LODGING OFFICIAL

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS

QUARTERS ARE NOT ASSIGNED ☐ DATE:

ADEQUATE QUARTERS EFFECTIVE DATE: ☐ ASSIGNED ☐ TERMINATED UNIT #

INADEQUATE QUARTERS EFFECTIVE DATE: ☐ ASSIGNED ☐ TERMINATED UNIT #

TRANSIENT QUARTERS OCCUPIED - UNIT #

EFFECTIVE DATES FROM: TO:

TITLE

SIGNATURE

Click to sign

DATE

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR ☐ $ _____.00 PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I ☐ CLAIM BAH FOR THE DEPENDENT ☐ IN ☐ NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW *(Effective Date)*: _____

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).

(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB

9. 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

PART C- MEMBER'S CERTIFICATION *(For members with dependent(s))*

☐ *I certify that I provide adequate support (see AFI 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 recouping allowances paid for any prior periods of nonsupport*

CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).

(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court).

I certify that this is my first application ☐ *YES* ☐ *NO If no, give date your last application was filed:* _____

I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of $10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Financial Services Office (FSO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

MEMBER'S SIGNATURE

Click to sign

DATE

AF Form 594, 20130729 PREVIOUS EDITION IS OBSOLETE

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. HFpEF 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 TargetsCurrently, the Eighth Joint National Committee recommends a target BP of