

---

## INDIVIDUAL READY RESERVE BONUS PROGRAM - AGREEMENT

For use of this form, see AR 135-7; the proponent agency is DCSPER

---

ADDENDUM TO DA FORM 4688 SERIES (CERTIFICATE AND ACKNOWLEDGMENT OF SERVICE REQUIREMENTS FOR INDIVIDUALS ENLISTING OR REENLISTING IN THE INDIVIDUAL READY RESERVE), AND DA FORM 4836 (OATH OF EXTENSION).

---

### DATA REQUIRED BY THE PRIVACY ACT OF 1984 (5 USC 552a)

---

**AUTHORITY:** Title 10 USC Section 270, 10 USC 637a and Executive Order 9397, 22 November 1943.

**PRINCIPAL PURPOSE:** To explain obligation and participation requirements for entitlement to the IRR bonus and to ensure that your agreement to these conditions is a matter of record.

**ROUTINE USES:** Confirmation of obligation and participation requirements for entitlement to the IRR bonus: occasionally as a basis for termination and recoupment if requirements are not met.

**DISCLOSURE:** Disclosure of your SSN is voluntary; however, if not provided you will not be eligible for IRR enlistment/reenlistment or extension bonus.

---

### SECTION I. APPLICABILITY

---

This agreement will be completed by all persons enlisting/reenlisting or extending in the Individual Ready Reserve (IRR) with entitlement to the IRR bonus. This agreement will be reproduced locally.

---

### SECTION II. INSTRUCTIONS

---

The service representative is responsible for providing counseling, or if counseling is not feasible for providing written responses to the applicant, concerning the applicant's obligations under the terms of this agreement. After all counseling, or response to queries, and the affixing of proper signatures, a copy of this agreement will be stapled to each copy of the DA Form 4688 Series.

---

### SECTION III. ACKNOWLEDGMENT

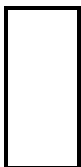
---

In connection with my enlistment/reenlistment or extension in the United States Army Reserve (USAR) under the IRR Bonus Program, I hereby affirm that I meet the following eligibility criteria:

1. I am currently a member of the IRR, or will be on the effective date of this enlistment/reenlistment or extension agreement.
  2. I have completed, or am within six (6) months of completing, a statutory or contractual military service obligation.
  3. I will not have completed more than fourteen (14) years military service at my current ETS.
  4. I possess a military occupational specialty (MOS) that has been approved for the bonus by HQDA.
  5. I am not enlisting/reenlisting or extending for active duty in an Active Guard/Reserve (AGR) status.
  6. I am not barred from reenlistment in the USAR.
  7. I meet the basic eligibility requirements as a prior service applicant under AR 601-210 or I meet the eligibility requirements for immediate reenlistment in the USAR under AR 140-111.
  8. \_\_\_\_\_ (Initial) I will be required to participate in training on an annual basis as directed by the Commanding General, U.S. Army Reserve Personnel Center, according to Army regulations. The type and extent of training I will be required to perform will depend on the requirements of my military occupational specialty (MOS) and the needs of the Army. This may include training in a pay status which normally will not exceed 30 days.
- 

### SECTION IV. OBLIGATION

---



(Applicant must initial block.) I understand that on accepting this enlistment/reenlistment or extension bonus entitlement, and as a matter of continued entitlement, I incur an obligation to serve as an enlisted member in the Individual Ready Reserve for a period of three (3) years from the effective date of my enlistment/reenlistment or extension. I must respond to all official military correspondence and assure that Commanding General, U.S. Army Reserve Personnel Center (DARP-EPO), 9700 Page Boulevard, St. Louis, MO 63132-5200, remains informed of my current address, marital status, number of dependents, civilian employment, and any change in my physical condition, per Section 562, Title 10, US Code.

---

### SECTION V. ENTITLEMENT

---

I am eligible for an ENLISTMENT/REENLISTMENT OR EXTENSION BONUS IN THE AMOUNT OF \$ \_\_\_\_\_ as specified below:  
(Administering official will enter the appropriate dollar amount above and in paragraph 1 below. Member will initial all paragraphs.)

1. \_\_\_\_\_ (Initial) I understand I am enlisting/reenlisting or extending for the bonus amount listed above with an initial payment of \_\_\_\_\_ dollars and two subsequent payments of \_\_\_\_\_ dollars on satisfactory completion of the first and second year of the enlistment/reenlistment or extension.
  2. \_\_\_\_\_ (Initial) I understand that procedures for bonus payments will be initiated by CG ARPERCEN, and payment will be made on completion of administrative processing of the properly executed Enlistment/Reenlistment or Extension contract.
  3. \_\_\_\_\_ (Initial) All incentive payments are subject to Federal and State withholding tax.
-

---

## SECTION VI. TERMINATION

---

In the event my entitlement to an IRR bonus is terminated for any of the reasons listed below, before the fulfillment of my enlistment/reenlistment or extension agreement, I may be required to refund a pro-rata amount to the government.

1. Failure to participate satisfactorily as required by applicable USAR regulations.
2. Separation from the Ready Reserve as an enlisted person for any reason. This includes but is not limited to:
  - a. Enlistment into another Armed Force, including the Delayed Entry Program of another Armed Force.
  - b. Enlistment into the Regular Army or the Delayed Entry Program (DEP) of the Regular Army.
  - c. Voluntary entry/reentry into the active forces.
  - d. Appointment as a Commissioned/warrant Officer and less than 1 year of the contract has been served satisfactorily.
  - e. Enrollment in the Reserve Officers Training Corps (ROTC) advanced course or assignment to Control Group (ROTC).
3. Voluntary transfer to the Selected Reserve.
4. Acceptance of a civilian position where membership in the Reserve is a condition of employment (*persons on temporary assignment are excluded*) if less than one-half of the contract has been served.

---

## SECTION VII. RECOUPMENT

---

I understand that if termination of my entitlement is for any of the reasons cited in Section VI above, except death, disability, involuntary recall to active duty, or voluntary transfer to the Selected Reserve, recoupment procedures will be initiated and I may be required to refund a pro-rata amount to the government. Determination of a refund amount will be computed as follows:

1. The number of full months I have served during the enlistment/reenlistment or extension period for which the bonus was paid, will be multiplied by \$20.83.
2. The sum of the above computation will be subtracted from the gross amount of bonus paid to me.
3. I agree to refund that amount to the Treasury of the United States.

---

## SECTION VIII. STATEMENT OF UNDERSTANDING

---

I have read and understand each of the statements above and have had my questions answered satisfactorily. I understand the statements above are intended to constitute all promises and agreements, whatsoever, concerning my eligibility/entitlement to an enlistment/reenlistment or extension bonus. Any other promise, representation, or commitments made to me in connection with this enlistment/reenlistment or extension bonus is written below in my own handwriting, or is hereby waived. (*If none, indicate by writing the word "NONE" below.*)

---

(Date Signed)

---

(Applicant's Signature)

---

(SSN)

---

(Typed or Printed Name and Rank)

---

(Bonus Control Number)

---

(Street Address)

---

(Apartment)

---

(City)

---

(State)

---

(ZIP Code)

(Mail check to above address)

---

## SECTION IX. CERTIFICATION BY SERVICE REPRESENTATIVE

---

I certify that I have witnessed the reading and signing of the above agreement and the signature appearing thereon is that of the applicant. No other promises were made to the applicant as a condition of this enlistment/reenlistment or extension with entitlement to the bonus. I certify I have counseled the applicant, or where counseling was not feasible, I obtained written responses concerning obligations under this agreement.

---

(Date Signed)

---

(Signature of Service Representative)

---

(Title)

---

(Typed or Printed Name and Rank)