

ADMINISTRATIVE REMARKS

NAVPERS 1070-613/(REV.10-81)

S/N 0106-LF-010-6991

SHIP OR STATION

_____: I acknowledge that participation in a nontraditional training program flexible Inactive Duty Training (IDT) bears unique responsibilities and obligations, and that established safeguards which ensure proper crediting of IDT and Active Duty training (ADT) retirement point credit may no longer apply. I understand that I share in the responsibility for my Naval Reserve career; I received a briefing concerning satisfactory participation requirements and retirement point credit. I understand that my anniversary date for a satisfactory year is _____.

1. I acknowledge that participation in the flexible IDT option is voluntary.
2. I understand that I must perform a minimum of two IDT periods per quarter at my Naval Reserve activity. As scheduled by either my unit commander or commanding officer, to complete administrative and organizational requirements (e.g. Identification card issuance, Advancement examination participation, whether medical or dental requirements, physical readiness test, general military training.)
3. I understand that while in the flexible IDT Option, my Servicemen's Group Life Insurance premiums will continue to accrue on a monthly basis, whether or not I actually perform IDT during that calendar month. To retain Servicemen's Group Life Insurance eligibility, premiums accrued during the months that IDT was not performed will be retroactively deducted in a lump sum from my next IDT paycheck.
4. I understand that Expiration of Obligated Service for the Montgomery GI Bill Selected Reserve is _____. If separated prior to that date, I may be required to repay Pro rata benefits received under the Montgomery GI Bill Selected Reserve Program.
5. I acknowledge that if I do not perform a minimum of 90 percent IDT and annual training prior to my bonus anniversary date, payment will not be made until satisfactory participation is met per BUPERSINST 1001.39C (Enlisted Naval Selected Reserve Bonus recipients only.)
6. I understand that IDT periods performed in advance will result in the same Selected Reserve obligation as if the IDT periods would have been performed on a normal four IDT periods per month per schedule. During this obligated period, I must remain in my current billet assignment. I further understand that I cannot perform advanced Prorated IDT's for service beyond my expiration of service, high year tenure, or any mandatory separations/transfer date as directed by higher authority. I remain eligible for recall through the end of the month for which I have performed IDT periods. Commander Naval Reserve Force or designated authority, may release me from this obligation. I further understand that requests to change my obligation for my convenience may be delayed or disapproved.

Witness' Signature

Member's Signature

NAME (Last, First, Middle)	SSN	BRANCH AND CLASS USNR-R
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