Statement of Understanding
(Waiver of Sanctuary)
NAVMC 11668 (09-09) (EF)

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Information collected by this form will be used to record extensions of enlistment into the U.S. Armed Forces. This information becomes a permanent part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice **M01070-6** which can be downloaded at *http://www.defenselink.mil/privacy/notices/usmc/M01070-6.shtml*.

RETENTION AND SAFEGUARDS: The collected information will be maintained in a database with restricted, limited access by personnel authorized to access this information. The database is protected by password, unique user IDs, and applicable layers of security access within applications. Records in this file system will only be retrieved by name and/or social security number.

ROUTINE USES: This form becomes a permanent part of the Service Members's Enlisted Master File and Field Personnel File. All uses of this form are internal to the relevant service.

DISCLOSURE: Voluntary. However, failure to furnish personally identifiable information may negate the application.

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Print Form

FOUO - Privacy Sensitive when filled in.

Statement of Understanding
(Waiver of Sanctuary)

1. I understand that under the sanctuary protection provided to me by 10 U.S.C. section 12686(a), if I serve the period(s) of AD that is the subject of this waiver from _____ (date) to _____ (date), I may then be serving on AD within 2 years of becoming eligible for retired pay under the military retirement system. After I enter that 2-year sanctuary, I cannot be involuntarily released from AD, without approval by the Secretary of the Navy (SECNAV), before I become eligible for retired pay unless I have voluntarily waived sanctuary protection as set forth in 10 U.S.C. section 12686(b).

2. I understand that in order for me to serve on AD during the period specified above, which would bring me within the sanctuary protection, I must voluntarily waive my right to sanctuary protection, IAW 10 U.S.C. section 12686(b) as a precondition to receiving orders to active duty.

3. This waiver, shown by my signature below, means I will not receive sanctuary protection. Therefore, I will be released from AD without SECNAV approval even though serving on AD within two years of becoming eligible for retired pay on or before the ending date specified above.

4. I also understand neither my waiver nor any order request submitted here requiring me to perform further voluntary AD service is effective until this waiver is acknowledged and orders approved by DC M&RA (MM).

I, _____ _____ _____ voluntarily waive
(Grade) (Full Name) (MOS)
my right to invoke sanctuary protection as provided under Title 10 U.S.C. section 12686(a).

(Marine Initial)

_____ I have read the above explanation and have been fully counseled on the impact that it has on my participation.

_____ I understand that by waiving my right to sanctuary for an AD retirement I am allowed to perform on ADOS orders not to exceed 179 days.

_____ I understand that while performing the approved orders I may not claim sanctuary.

_____ I understand that for each ADOS orders (not to exceed 179 days) a new set of orders must be accomplished in conjunction with a new waiver.

_____ I understand that my AD orders will not begin until I have proper acknowledgement/approval from the DC M&RA.

_____ I understand that this written document will be filed in my OMPF by DC M&RA (MMSB) as evidence that I have voluntarily waived my right to sanctuary protection.

_____ I understand that I will continue to accrue active duty points while performing this tour with a waiver in place.

_____ I understand this sanctuary waiver is irrevocable for the voluntary period of active duty for which the waiver has been requested.

_____ _____
Marine's Signature Date

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