REQUEST FOR RELIEF AND DESIGNATION OF COMMANDER

The proponent agency of this form is ACSPER.

TO:	FROM:

RELIEF OF COMMANDER

1. REQUEST THE FOLLOWING COMMANDER BE RELIEVED:

A. NAME: _____ (LAST FIRST MI) SSN: _____ GRADE: _____

B. UNIT DESIGNATION: _____

C. FOLLOWING ACTION TO BE TAKEN:

☐ DISCHARGE EFFECTIVE: _____

☐ TRANSFER TO MOB/DES LIST EFFECTIVE: _____

☐ REASSIGN TO: _____ (UNIT)

EFFECTIVE: _____

_____ (DUTY ASSIGN)

D. REASON FOR REQUEST:

☐ LEAVING THE STATE OF OHIO

☐ LEAVING AREA WHICH ASSIGNED

☐ OTHER (Explain) _____

_____

COMMANDER DESIGNATION

2. THE FOLLOWING OFFICER IS DESIGNATED COMMANDER, EFFECTIVE:

_____

A. NAME: _____ (LAST FIRST MI) SSN: _____ GRADE: _____

B. HOME ADDRESS: _____ (NUMBER AND STREET CITY ZIP+4 CODE)

C. TELEPHONE: _____ - HOME _____ - WORK

APPOINTING AUTHORITY

_____ (SIGNATURE)

_____ (NAME (TYPE IN FULL) GRADE)

_____ (BRANCH UNIT)

RECOMMENDING APPROVAL

_____ (SIGNATURE)

_____ (NAME (TYPE IN FULL) GRADE)

_____ (BRANCH UNIT)

_____ (APPROVAL DATE)

OHMR FORM 27 (May 93)