



DEPARTMENT OF THE AIR FORCE

**AIR FORCE RESERVE COMMAND
READINESS MANAGEMENT GROUP
233 N Houston Road, Ste 131A
Warner Robins GA 31093**

DATE

MEMORANDUM FOR HQ RMG/SG

FROM: MEMBER _____

SUBJECT: Mobility Restriction/WWD/MEB Participation Waiver Request

I. Member Statement.

I realize the intent of this waiver is to allow members with disqualifying (Participation Restricting) conditions the ability to acquire minimum points required for a satisfactory year of military service. While on a participation waiver I understand I may only perform duties at home station in IDT and annual tour status only. I also understand manday orders for service connected medical appointments only and this waiver expires 90 days after approved. **I have included medical documentation that is current within 90 days from my treating physician with diagnosis, prognosis, current medications, and any restrictions.**

Signature

Printed Name and SSN

1st Ind, RMG/PM to HQAFRC/SGP

I have verified the member needs participation to have a satisfactory year. I am the Program Manager for Detachment _____.

Recommend / Non Recommend

Signature

Printed Name and Duty Title

2nd Ind, HQ AFRC/SGP

“Individual is restricted from all military duties other than unit training assemblies, annual tour at home station and manday orders for service connected medical appointments only. Member will not be assigned duty away from home station and may not perform any other mandays or attend formal schools. This waiver granted by HQ AFRC/SGP is valid for 90 days. The expiration date of the participation waiver is independent of the release date of restrictions and limitations noted on the AF Form 469 which should not be changed.”

Request for Participation waiver is:

Approved/Disapproved

Signature

Waiver expires on _____ .

1 Attachment:

Medical documents