**Select ETP Request Heading** House Number:

| SPONSOR NAME (LAST, FIRST MI) | GRADE | DATE ARRIVED | DEROS | DSN | EMAIL |
|---|---|---|---|---|---|
| Smith, John M. | E1 | | | 226-0000 | john.smith@us.af.mil |

## DEPENDENT INFORMATION

| DEPENDENT # | GENDER | AGE | DOB | DEPENDENT # | GENDER | AGE | DOB |
|---|---|---|---|---|---|---|---|
| 1 | M/F | 21 | | 6 | | | |
| 2 | | | | 7 | | | |
| 3 | | | | 8 | | | |
| 4 | | | | 9 | | | |
| 5 | | | | 10 | | | |

## HOUSING ENTITLEMENT BY GRADE AND DEPENDENTS (REFERENCE AFI 32-6000)

| FAMILY HOUSING CATEGORY (Table A2.2) | CURRENT BEDROOM CATEGORY | REQUESTED BEDROOM CATEGORY |
|---|---|---|
| Junior Enlisted/NCO | N/A | Off-Base Housing |

## EXCEPTION TO POLICY JUSTIFICATION

1. PURPOSE: To obtain 35 CES/CC approval of an exception to the policy request for [Rank First Last], who is assigned to 35 XXX/XXX, to move to another MFH unit

2. BLUF: (Bottom Line Up Front) One line description of what you are asking for.

3. BACKGROUND: Information regarding your situation

4. JUSTIFICATION: Expand upon the justification for what you are asking for

**SQUADRON COMMANDER'S COMMENTS**

| | SQUADRON COMMANDER'S SIGNATURE | DATE |
|---|---|---|
| Select Recommendation | | |

## COORDINATION

| OFFICE | INITIALS | DATE | RECOMMENDATION | COMMENTS |
|---|---|---|---|---|
| OTHER | | | N/A | |
| OTHER | | | Recommend Disap | |
| N/A | | | Disapproved | SIGNATURE (IF APPROVING AUTHORITY) |
| CES/CD | | | Disapproval | SIGNATURE (IF APPROVING AUTHORITY) |

## COMMANDER DECISION

| | DECISION | SIGNATURE | DATE |
|---|---|---|---|
| N/A | N/A | | |

**NOTES**

| | DECISION | SIGNATURE | DATE |
|---|---|---|---|
| MSG/CL | Approved | | |

**NOTES**

| | DECISION | SIGNATURE | DATE |
|---|---|---|---|
| N/A | Approved | | |

**NOTES**