SRB PROGRAM STATEMENT OF UNDERSTANDING

_____ (initials) I, _____ _____, understand that I am entitled to a SRB, less taxes withheld, in the amount of $_____ for reenlistment in SRB Zone _____, Grade _____,in MOS _____, for ____ months additional obligated service.

_____ (initials) I certify that I have not previously received a SRB for the Zone listed above.

_____ (initials) I certify that I have less than 20 years of service upon reenlistment.

_____ (initials) ***(SRB Kicker Only)*** **Infantry BN NCO Initiative.** I understand that I may be eligible for an additional monetary incentive for agreement to extend my assignment in an authorized infantry BN MCC as required by the current SRB MarAdmin.

_____ (initials) ***(60 Months Only)*** I understand that the SRB amount is increased by 125% for agreement to reenlist for 60 months of additional obligated service as required by the current SRB MarAdmin.

_____ (initials) ***(LatMov Only)*** I further understand that if SRB payment is authorized for a lateral move MOS, I will not be paid the SRB until successful completion of MOS training and subsequent award of the MOS.

_____ (initials) ***(GySgt Only)*** I understand that if I have been selected to the Rank of First Sergeant, that I am not eligible for SRB payment.

_____ (initials) I understand that I must serve in a billet requiring my SRB MOS for the duration of this reenlistment unless I serve in an authorized out-of-skill assignment, a waiver is granted by the Commandant of the Marine Corps (MMEA-8), or promotion to the next grade results in a change of MOS. Failure to complete this requirement will result in recoupment of the unearned portion of my bonus.

_____ (initials) I certify that I have read and understand paragraph 4(f)MCO 7220.24N regarding the conditions under which bonus entitlement may be terminated and a pro rata portion of the total entitlement recouped.

_____ (initials) I understand that any refund made by me shall not affect my obligation to serve the remainder of my contract.

COMBAT ZONE TAX EXCLUSION IS ONLY APPLICABLE IF REENLISTMENT OCCURS AND THIS AGREEMENT IS SIGNED WHILE IN A COMBAT ZONE TAX EXCLUSION STATUS.

_____ _____ _____

SIGNATURE OF REENLISTEE DATE BONUS CONTROL NUMBER

_____

NAME OF COMMANDING OFFICER (or designated representative)

_____ _____

SIGNATURE DATE

Print Form

THIS DOCUMENT MUST REMAIN IN THE SERVICE RECORD BOOK WITH THE REENLISTMENT CONTRACT