

WRITTEN AGREEMENT FOR THE
SELECTED MARINE CORPS RESERVE AVIATION OFFICER AFFILIATION BONUS
(SMCR AVIATION OAB)

1. Eligibility

a. I am currently serving in the regular component (component code 11) and have less than 180 days remaining on my active duty (AD) obligation. ____ Initial

OR

I previously served in the Selected Marine Corps Reserves (SMCR), AD or AR program. I departed the SMCR/AD/AR and have no more than a 4 year break in service. I have not previously received a SMCR OAB. ____ Initial

OR

I am an Individual Mobilization Augmentee (IMA). ____ Initial

OR

I am currently serving in the Selective Marine Corps Reserve (SMCR). ____ Initial

b. I am affiliating with a Primary Military Occupational Specialty (PMOS) and unit, both listed in the current SMCR Aviation OAB MARADMIN. ____ Initial

c. I currently hold the rank of Captain or Major. I have not been selected for Lieutenant Colonel and I have not been passed for promotion to the next rank. ____ Initial

2. Obligation

a. I will be a satisfactory participant, as prescribed by the appropriate regulations of the United States Marine Corps, for a period of 36-months in the following PMOS ____, RUC ____, City ____, State ____, Unit _____, unless excused for the convenience of the government. ____ Initial

b. If I incur a period of authorized non-availability (as determined by the Commander, Marine Forces Reserve), I will extend my period of service obligation in the SMCR in order to fulfill my 36-month obligation. ____ Initial

c. I understand that I will have a Mandatory Drill Stop Date reported to reflect 3-years from the date of affiliation. ____ Initial

d. I further understand that if any of the following occur without prior written approval of the Commander, Marine Forces Reserves (COMMARFORRES), it will be considered a breach of my obligation, my incentive will be recouped at a prorated amount, and I could be administratively discharged from the Marine Corps Reserves;

(1) Fail to fulfill the 36-month service obligation. ____ Initial

(2) I fail to participate satisfactorily. ____ Initial

(3) I execute a lateral move. ____ Initial

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- (4) I change Billet Identification Number (BIC) without COMMARFORRES approval. ____ Initial
- (5) I execute an inter-unit transfer without CMC (RCT) approval. ____ Initial
- (6) I transfer to the IRR without completing the 36-month service obligation. ____ Initial
- (7) I perform Active Duty Operational Support with a unit other than my own for a period greater than 90 cumulative days per FY. ____ Initial
- (6) I augment to the Regular Component or the AR program. ____ Initial
- (9) I transfer to the IMA. ____ Initial
- (10) I transfer to another branch of service. ____ Initial
- (11) I resign my commission. ____ Initial

3. Recoupment. I understand that this incentive will be recouped at a prorated amount as follows:

a. The number of months served satisfactorily during the affiliation period for which the bonus was paid multiplied by the monthly bonus amount (\$277.77). Subtract the resulting amount from \$10,000.00. ____ Initial

b. Recoupment will not occur if I am required to transfer to the IRR due to a unit deactivation or redesignation, and there is no other SMCR unit within reasonable commuting distance from my home of record that has the structure for my MOS, or I receive a disability determination. ____ Initial

4. Payment. I understand that this incentive is a lump sum payment of \$10,000 and may be subject to both state and federal taxes. ____ Initial

5. Understanding. I understand each of the statements above and understand that they are intended to constitute all promises or commitments made to me in conjunction with my affiliation to the SMCR. I have been assigned a Bonus Control Number (BCN) _____, and I further understand that without a BCN I am not entitled to this incentive. ____ Initial

6. Per the current Aviation OAB MARADMIN, if I fail to sign and submit a page 11 within 60 days of affiliation, I will no longer be eligible for this incentive. Additionally, if I choose to affiliate without a bonus, none of the aforementioned provisions will apply. ____ Initial

PRINTED NAME AND GRADE OF
OFFICER

SIGNATURE OF OFFICER

DATE

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PRINTED NAME AND GRADE OF
PRIOR SERVICE RECRUITER OR
G-1/S-1 SNCOIC

SIGNATURE OF PRIOR
SERVICE RECRUITER OR
G-1/S-1 SNCOIC

DATE

PRINTED NAME AND GRADE OF
WITNESSING OFFICER

SIGNATURE OF WITNESSING
OFFICER

DATE

(JULY 11)