(Date)

| From:    | :<br>:   |                  |     |
|----------|--|------------------|-----|
| Via:     | Rank LAST NAME, First Name MI LAST 4/MOS (ex. Sergeant MARINE, Model T. 6789/0321) (1)   |                  |     |
|          | Opsponsor, Requesting Unit (ex. Operational Sponsor, Marine Forces North, New Orleans LA)  (2) Commander, Marine Forces Reserve, G-1 (attn: IPAC/SELRES) |                  |     |
| Subj:    | : REQUEST FOR INDIVIDUAL MOBILIZATION AUGMENTEE (IMA) TOUR EXTE  | ENSION           |     |
| Ref:     | (a) MCO P1001.1_   |                  |     |
| 1. I     | Per the reference, I request a one year tour extension for the f   | following        | IMA |
| Detac    | chment billet with   |                  |     |
| á        | a. BIC:  |                  |     |
|          | - P. IMOG  |                  |     |
|          | <del></del>  |                  |     |
| C        | c. Billet description:   |                  |     |
| C        | d. Billet grade:   |                  |     |
| €        | e. Platoon code:   |                  |     |
| f        | f. Date joined present unit:   |                  |     |
| 2. N     | My reason for this request is:   |                  |     |
|          |  |                  |     |
|          |  | <del></del>      |     |
|          |  |                  |     |
|          | Signature of Marine  |                  |     |
| FIRST    | FENDORSEMENT   |                  |     |
|          |  | (Date)           |     |
| From:    | OpSponsor, Requesting Unit (ex. Operational Sponsor, Marine Forces North, New Orleans LA)  |                  |     |
|          | Commandant of the Marines Corps (Reserve Affairs) Commander, Marine Forces Reserve, G-1 (attn: IPAC/SELRES)  |                  |     |
|          |  |                  |     |
| 1. H     | Forwarded, recommending  |                  |     |
| 2.       | -pp  |                  |     |
|          |  |                  |     |
| Full jus | stification of recommendation, to include availability of replacement personnel and ongoing performance of   | Prequesting Mari | ine |
|          |  |                  |     |
| 3 1      | Point of contact is .  |                  |     |
| J. I     | POC's Name and contact information   |                  |     |
|          |  |                  |     |

Signature of OpSponsor

## How to fill out:

- 1. Have member fill in blanks with a justification why he wants to stay with the unit another year and sign.
- 2. Opsponsor puts in his justification why he wants to keep the Marine as well. Recommend approval is not acceptable. Opsponsor signs and emails form to csc@marforres.usmc.mil.