



REQUEST FOR AND APPROVAL OF PERSONNEL ACTIONS

I. PERSONAL DATA			
Last Name First Name Middle Initial See Attached	CAPSN See Attached	Grade	Charter Number See Attached
Duty Assignment N/A	Wing ILLINOIS	Unit Name	
II. DUTY ASSIGNMENT/STATUS CHANGE (CAPR 35-1)			
FROM: _____		TO _____	
(Duty Title/Status)		(Duty Title/Status)	
Officers changing duty assignments must complete information on reverse.			
III. AWARD OF ACTIVITY AND SERVICE RIBBONS (CAPR 39-3)			
<input checked="" type="checkbox"/> AWARD ACTIVITY AND SERVICE RIBBON CHECKED BELOW:		<input checked="" type="checkbox"/> AWARD OF CLASP (For additional award)	
<input type="checkbox"/> Command Service Ribbon	<input type="checkbox"/> National Cadet Competition Ribbon	<input type="checkbox"/> Cadet Orientation Pilot Ribbon	
<input type="checkbox"/> Red Service Ribbon	<input type="checkbox"/> National Color Guard Ribbon	<input type="checkbox"/> Counter drug Ribbon	
<input checked="" type="checkbox"/> "Find" Ribbon	<input type="checkbox"/> Cadet Advisory Council Ribbon	<input type="checkbox"/> Encampment Ribbon	
<input type="checkbox"/> Air Search and Rescue Ribbon	<input type="checkbox"/> Cadet Community Service Ribbon	<input type="checkbox"/> Recruiter Ribbon	
<input type="checkbox"/> Disaster Relief Ribbon	<input type="checkbox"/> Cadet Special Activities Ribbon	<input type="checkbox"/> A. Scott Crossfield Award	
<input type="checkbox"/> IACE Ribbon	Other (Specify) _____		
IV. TRANSFER (CAPM 39-2)			
FROM: _____		TO _____	
(Charter Number)		(Charter Number)	
NOTE: The gaining unit commander should initiate the transfer form. The losing unit commander has 60 days after the transfer action appears on the Monthly Membership Listing to notify HQ CAP/DP if he/she disapproves of the transfer for any reason. In such cases, the transfer will be voided and the member returned to the losing unit.			
V. RETIREMENT (CAPR 39-1)			
The above named individual is eligible for retirement from Civil Air Patrol in accordance with CAPR 35-1. His/her period of CAP service is indicated below (if this period of service is not continuous, please explain in the remarks section).			
FROM: _____		TO _____	
(Date)		(Date)	
VI. REMARKS (use reverse side of form if additional space is required)			
1. Illinois Wing was activated at the request of the Air Force Rescue Coordination Center on 27 October 2022 to search for an emergency beacon on the international distress frequency. The activation occurred on mission number 22-M-0472. This mission was closed with the AFRCC as 1 non-distress find. 2. IAW CAPR 39-3, para 21c personnel are awarded and authorized to wear the Search and Rescue Ribbon or additional devices on the Air Search and Rescue Ribbon as applicable.			
I certify that all pertinent directives have been complied with and that this action is in the best interest of Civil Air Patrol.			
Unit Charter No. GLR-IL-001	Signature of Requester 	Typed Name and Grade of Requester Richard G Miller, Lt Col	
APPROVED <input type="checkbox"/>	Signature of Flight/Squadron Commander	Flight/Squadron	Date
APPROVED <input type="checkbox"/>	Signature of Group Commander	Group	Date
APPROVED <input checked="" type="checkbox"/>	Signature of Wing Commander 	Wing GLR-IL-001 ILLINOIS	Date 17 Nov 2022
APPROVED <input type="checkbox"/>	Signature of Region Commander	Region	Date

VI. REMARKS (Continued)

Grade	Last Name	First Name	MI	CAPID	Unit
Col	Loy	Andrew	G	552876	IL-001
Capt	Long	Joseph	J	331491	IL-049
Maj	Danley	Edward	E	459374	IL-001
Capt	Le	Duc	T	302826	IL-189
C/1stLt	Pattara	Jonathan	V	624918	IL-189
Capt	Turek	Martin	D	591059	IL-189
2d Lt	Mannikka	Matthew	R	544654	IL-312
1st Lt	Bronwasser	Eric-Jan	M	597589	IL-329

Transfer of Duties and Responsibilities

"We the undersigned officers of the Civil Air Patrol jointly certify that to the best of our knowledge and belief, all CAP property, assets, and records for this duty assignment, in the possession of ____ (Unit Number) are properly accounted for in accordance with applicable CAP regulations and supplements thereto."

Duty Position being exchanged: _____

Signature, Grade and Date

Signature, Grade and Date

Print Name
Outgoing Officer

Print Name
Incoming Officer