



Part A - Recovering Service Member (RSM) Information:

Last Name: _____ First Name: _____ Rank: _____

Installation: _____ Location (if different from Installation): _____

Telephone: _____ Email: _____

Separation Date (Estimate): _____ Clearance Status: Secret Top Secret TS/SCI

Does the RSM have transportation, or able to use public transportation, in the local area? Yes No

Explain: _____

How long does the RSM anticipate being able to intern in the local area? _____

Part B – Terms and Conditions:

With my signature herein, I hereby affirm that I understand the following:

- I understand this temporary assignment is for training and vocational purposes required during my medical rehabilitation. I will not be paid for this internship.
- While I am not required by the USAF to participate in a work program, I have voluntarily chosen the OWF program.
- The USAF or the participating Federal agency may terminate my OWF internship for medical or other cause at any time.
- If I feel that the work assignment is not meeting my needs, I may discuss this with my chain of command or the OWF Coordinator.
- I understand my participation in the OWF Program does not guarantee permanent employment with any Federal or DoD agency.
- If I submit my resume, the personal information contained will be disseminated to federal employers. Submitted information is maintained and destroyed according to the principles of the Federal Records Act and the regulations and records schedules of the National Archives and Records Administration and in some cases may be covered by the Privacy Act and subject to the Freedom of Information Act.

Signature: _____ **Date:** _____



Part C – Signatures:

1. Primary Care Manager:

Concur

Nonconcur

Print Name

Signature

Date

2. Immediate Supervisor:

Concur

Nonconcur

Print Name

Signature

Date

3. First Sergeant:

Concur

Nonconcur

Print Name

Signature

Date

4. Squadron Commander:

Approve

Disapprove

Print Name

Signature

Date

Please return to Transition Coordinator or Wounded Warrior Program POC upon completion.

This is a Department of Defense Operation Warfighter form. Please note that the above contents may not be edited or changed in any way. Military Installations or Wounded Warrior Units may include additional signatures and/or requirements in the section below: