

Memorandum of SkillBridge Participation Between Transitioning Airman and Unit Commander

Participants Name: John Smith

Phone Number: (555) 555-5555 **Civilian Email:** john.smith@gmail.com

Rank: E-4 **Base:** Randolph AFB **Primary AFSC:** XX0X1 **Office Symbol:** XXXX

Date of Separation/Retirement: 14 Aug 23 **Separation/Retirement Order No.:** _____

Supervisor: SSgt Mary Ramen xxx-xxxx mary.ramen@us.af.mil

Ed Center: Michael Johnson michael.johnson@us.af.mil

Commander: Lt Col Eugen E. West xxx-xxxx eugen.west.1@us.af.mil

Program Information

Type of Program: Internship

Delivery Method: In-Person

SkillBridge Training Dates: **Start Date:** 06/16/2023 **End Date:** 10/14/2023 **Days:** 120

Relocation and House Hunting Dates: **Start Date:** N/A **End Date:** N/A **Days:** N/A

Terminal Leave Dates: **Start Date:** 09/01/2023 **End Date:** 10/14/2023 **Days:** 43

Overall Dates: **Start Date:** 05/07/2023 **End Date:** 10/14/2023 **Days:** 160

SkillBridge Provider

Name of Provider: Round Robin LLC

Provider Address: 7905 Hill Country Street San Antonio Tx 78015
Street City State Zip

Is the SkillBridge Provider location outside the vicinity of the primary duty station?: No

Provider POC: Johana Doe

Phone Number: 555 555 5555 **Email Address:** johana.doe@RR.com

Training Location Address: 7905 Hill Country Street San Antonio Tx 78015
Street City State Zip

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Memorandum of Understanding

Member:

I have completed the required DoD SkillBridge Ethics Briefing. I understand I must complete the mandatory Exit Survey after training completion. I understand that my election of this option allows me to participate in SkillBridge in accordance with the terms of the SkillBridge provider. I must maintain satisfactory progress and attendance throughout my period of enrollment and uphold all military standards and accountability requirements while enrolled. I understand that a personnel replacement will not be received until DOS/DOR and acknowledge that participation in this program may be terminated at any time for unit requirements or disciplinary reasons. I understand I am not eligible to receive wages, training stipends, or any other form of financial compensation, from the SkillBridge provider, for the time I spend participating in the program. I understand that I am strongly encouraged to consider all job offers associated with my successful completion of this program and understand that I can accept job offers while on Terminal Leave. I understand that I will release my contact information and allow Air Force representatives to contact me after expiration of term of service/retirement concerning my employment associated with the completion of this program. I understand that all approved participants are required to be in PTDY status during training, until converting to Terminal Leave. IAW AFI 36-3003, Table 3.6, Rule 23. I understand that I will complete all mandated Transition Assistance Program requirements prior to SkillBridge Participation.

Member Digital Signature: Smith, John **Date:** 01/21/2023

Commander:

I certify that the training program starts within 180 days from separation/retirement date. I have reviewed mission requirements and determined that this member can participate in this apprenticeship/internship program and understand a backfill will not be provided until projected separation dates. I understand that the member is required to uphold military standards, and for the local members, I will determine participation in unit formations, physical readiness training, and other unit requirements, as appropriate, while ensuring this member's full participation in this training program. I will ensure the supervisor maintains accountability of this member while he/she participates in this program, and will ensure follow-up the Provider also, to ensure successful participation. I understand that I may terminate the member's participation at any time for unit mission requirements or disciplinary reasons; or that the provider may terminate agreement as well, and this member has a contingency plan to return to duty. Finally, I will ensure this member completes all leave paperwork, ethics briefings, mandated TAP requirements, and at the end of the training, the DoD Mandated Exit Survey.

Commander Signature: Eugen . West **Date:** 01/21/2023