

# **Request for Waiver: 15 year AMEDD Time in Service (TIS) Requirement**

**Nominee Name**

**Nominee Rank/CIV Grade**

**Nominator Name**

**Nominator Rank/CIV Grade**

**O2M3 #**

**Justification for 15 year AMEDD TIS Requirement Waiver**

**Justification for 15 year AMEDD Service Requirement Waiver:  
(Limit 700 Characters)**

**Signature:**

**Date:**

**\*\* Waivers are reserved for nominees with extenuating circumstances (e.g. early medical retirement) and/or extraordinary accomplishments with significant AMEDD impact. The waiver request should describe any extenuating circumstances that should be considered by the panel and provide justification why the nominee's accomplishments are on par or exceed the expectations of the eligible population (15+ year experience in the AMEDD).**