8 Jun 22

From: Rank First MI. Last Name, USN, DoD ID, 13XX

To: Secretary of the Navy

Via: Navy Personnel Command (PERS-435)

Subj: REQUEST FOR WAIVER OF AVIATION INCENTIVE PAY (AvIP) MONTHS OF OPERATIONAL FLYING (MOF) REQUIREMENT

Ref: (a) SECNAVINST 7220.88

 (b) OPNAVINST 7220.18A

1. Per references (a) and (b), I respectfully request a waiver of the months of operational flying requirement for the 12-year or 18-year Low or 18-year High flight gate.

The following career data is provided:
*(as retrieved from your ODC. If you believe part of your ODC to be in error, contact PERS-435 before submission)*

 a. Aviation Commissioning Date (ACD): DD Mon YY

 b. Aviation Service Entry Date (ASED): DD Mon YY

 c. Total MOF performed:

 (1) At the XX-year gate:

 (2) As of the date of this letter: XXX

 d. Summary of tours under Duty Involving Flying-Operational (DIFOPS) orders:

 (1) Command DD Mon YY – DD Mon YY

 e. Summary of tours under Duty Involving Flying-Denied (DIFDEN) orders:

 (1) Command DD Mon YY – DD Mon YY

1. Primary Billet
2. Secondary Duties

*(Limit Acronyms Just the Billet Title Please, Additional Information should be provided on the “Explaantion” Form)*

2. Amplifying Information: *Provide a compelling argument for why your waiver request should be approved e.g., never turned down flying orders (submitting “Don’t Pick Me” letters is considered turning down flying orders), (continuing to be) selected for aviation milestone billets (2x FOS is considered non-due course), remaining in the cockpit, etc. You should include if you are currently selected for a milestone / are serving in a milestone tour.*

3. I understand that a waiver, if granted:

 a. will preserve my entitlement to continuous AvIP until I reach my next flight gate;

 b. does not add any MOF to my record; and

 c. does not relieve me from meeting the total MOF requirement of my next flight gate.

4. My commercial number is (XXX)XXX-XXXX /DSN XXX. My e-mail contact information is (email).

Signature

\*\*Waiver of Aviation Incentive Pay (AvIP) Months of Flying (MOF) Requirements DIFDEN Tours Explained\*\*

**RANK FIRST MI LAST NAME** (XX MOF at 12-year gate; currently XX MOF)

* TOUR – XX months – BILLET with EXPLANATION
*(if your billet title isn’t something as direct as Shooter or Aide, an explanation of the scope of your duties is appreciated)*
* TOUR – XX months – BILLET with EXPLANATION
* TOUR – XX months – BILLET with EXPLANATION