CNA/ETP PROCESS FORM

TODAY'S DATE: (START OF ETP PROCESS) _____

LAST NAME: _____ FIRST NAME: _____ RANK: _____

DOD#: _____ FULL SSN: _____ UNIT: _____

MILITARY OR PERSONAL EMAIL: _____

CONTACT PHONE NUMBER: _____

BARRACKS BLDG: _____ BARRACKS ROOM NUMBER: _____ (IF APPLICABLE)

ETP REQUEST

PLEASE CHOOSE THE ONE THAT APPLIES TO YOU:

____ DIVORCED, Obligated to a lease – Date of Divorce: _____

____ DIVORCED, Homeowner – Date of Divorce: _____

____ MIL-MIL/ 30 days – Spouse REPORT Date: _____

____ MIL-MIL/ 30 days – Spouse ETS Date: _____

____ Pregnant/20 weeks – Date at 20 weeks: _____ EDD: _____

____ Service married to Service member stationed at Camp Lejeune/Seymour AFB/New River

____ Work Schedule (Camp Mackall)

____ Command Responsibility

____ Other (Special Circumstances)

SERVICE MEMBER ACKNOWLEDGES RECEIVING INFORMATION ON ETP PROCEDURE

I certify ALL information is correct. I will immediately notify the Finance Office of any changes to the information given above, due to divorce, marriage, death, living in government quarters, etc., which could affect my BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the U.S. Government is punishable by court-martial. The penalty of willfully making a false claim or false statement has a maximum fine of $10,000 or imprisonment for 5 years, or both.

I have read and understand the statement above. SOLDIER'S INITALS: _____

SOLDIER SIGNATURE: _____

OFFICAL USE ONLY

NOTES: