

SEPARATION / RETIREMENT INTERVIEW CHECKLIST

Please complete items 1 through 9 and present this document to Finance Interviewer.

1. NAME (LAST, FIRST): _____ RANK: _____ SSN: _____

2. _____
FUTURE MAILING ADDRESS HOME PHONE #

3. _____
CITY, ST, ZIP CELL PHONE #

4. _____
Email Address

5. HAVE YOU TAKEN LEAVE THAT HAS NOT POSTED TO YOUR CURRENT LES? YES _____ NO _____
FROM _____ TO _____ FROM _____ TO _____

6. ARE YOU TAKING TAA / ISA IN CONJUNCTION WITH TRANSITIONAL LEAVE? YES _____ NO _____

7. ARE YOU TAKING TERMINAL LEAVE? YES _____ NO _____

NOTE: Single Soldiers below E-6 are entitled to BAH, and must submit the barracks clearance memorandum with DA 5960.

8. MARITAL STATUS: SINGLE: MARRIED: DIVORCED: CHILD: SM TO SM:

Please X the applicable status.

I certify the information above is accurate and correct to the best of my knowledge. This document can be used to charge any unposted leave, an absence request received from the unit will be charged to the account and may result in a negative leave balance.

SOLDIER'S SIGNATURE

DATE

FOR FINANCE USE ONLY

VERIFY THE FOLLOWING: N7 PRESENT: _____ DOS: _____ SPD: _____ DSP/ISP: _____

STATUS: _____ LC: _____ TU: _____ TH: _____ LV BAL (BR): _____

BAH ENTITLEMENTS: 35 CODE: _____ ZIP CODE: _____ DD 5960 REQUIRED: YES: _____ NO: _____

CHECK ENTITLEMENT: FSA: _____ SDAP: _____ FLPP: _____ CZ (14, 09, 23, FL) _____

DOES SM HAVE ANY OUTSTANDING DEBTS OWED TO GOVERNMENT? YES: _____ NO: _____

DOES SM KNOW OF ANY UNDOCUMENTED DEBTS: _____

YES NO TUITION GLPD AER

CHECK BONUS (R5, R7, R8): _____ CHECK CMS (CASE PENDING): _____

DOES SM WANT TO DO THE GI BILL KICKER? YES: _____ NO: _____

NOTE: Must obtain an approved DD FORM 2366 from the education center; pay \$300 or \$600 by cashier's check or money order by DOS.

DOES SM WANT TO START, STOP, OR CHANGE ANY ALLOTMENTS? YES: _____ NO: _____

DOES THE MMPA REFLECT CORRECT BANK INFO FOR FINAL PAY? YES: _____ NO: _____

IS SM ENTITLED TO SEPARATION PAY? YES: _____ NO: _____

SM INITIALS IF NOT ACCEPTING SEP PAY: _____

IF YES, WHAT TYPE? _____
FULL HALF DISABILITY

_____ # MONTHS
(TT LINE FOR TOTAL ACTIVE DUTY MONTHS FOR ISP/DSP)

WEBSITE INFORMATION PROVIDED TO SM: _____

INFORM SM TO ESTABLISH MYPAY USER NAME / PASSWORD: _____

INTERVIEWED BY: _____

DATE: _____