



Defense Military Pay Office (DMPO)

S-1 Handbook

Revised 2 September 2020

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CHAPTER 1

1-1 INTRODUCTION

Purpose: This handbook is designed to provide quick reference information on procedures for providing military pay assistance to Soldiers through their Unit S-1 to the Defense Military Pay Office (DMPO).

Applicability: The procedures in this handbook apply to all Unit S-1s. It is issued for the purpose of providing information and guidance on military pay related topics to the servicing S-1.

Relationship: This quick reference book should be used in conjunction with the regulatory guidance listed below in paragraph 1-2 as put forth by the Secretary of the Service concerned.

Format: For the purpose of this manual (he) is a non-gender pronoun and represents both male and female alike.

1-2 REFERENCES

Department of Defense Financial Management Regulation (DoDFMR), Volumes 5, 7A, and 9

Department of Defense (DoD) 7000.14-R

Joint Federal Travel Regulation (JFTR), Volume 1

AR 11- 6, Army Foreign Language Program

AR 25-50, Preparing and Managing Correspondence

AR 37-104-4, Military Pay and Allowance Procedures, Joint Uniform Military Pay System

AR 600-4, Remission or Cancellation of Indebtedness- Enlisted Members

AR 600-8, Military Personnel Management

AR 600-8-10, Leaves and Passes

AR 700-84, Issue and Sale of Personal Clothing

DA PAM 600-8, Military Personnel Management and Administrative Procedures

MPPM, Military Pay Procedures Manual

<http://www.dfas.mil/>

<http://armypubs.army.mil>

1-3 DMPO HOURS OF OPERATION

Monday, Tuesday, Thursday and Friday

0730-1530

Wednesday

0730-1200

Closed on Federal Holidays, Garrison Resiliency Days Off and closure approved by DFAS Director and as otherwise directed during times of natural disaster where the installation Commander deems it necessary.

1-4 POINTS OF CONTACT

DMPO HEADQUARTERS

| | |
|-----------------------|----------|
| DMPO Director | 239-6198 |
| DMPO Deputy Director | 239-6244 |
| DMPO Internal Control | 239-6194 |

CUSTOMER SERVICE

| | |
|------|----------|
| Lead | 239-6188 |
|------|----------|

DEFENSE TRAVEL SYSTEM (DTS)

| | |
|----|----------|
| G8 | 239-2858 |
|----|----------|

PROCESSING

| | |
|------|----------|
| Lead | 240-1509 |
|------|----------|

MOB/DEMOB – RESERVE PAY

| | |
|------|----------|
| Lead | 240-1506 |
|------|----------|

WOUNDED IN ACTION (WIA)

Analyst

239-6138

IN/OUT- PROCESSING

239-8821/3512/3524

SEPARATIONS/RETIREMENTS

Supervisor

239-3589

AREA CODE / DSN PREFIX CONVERSIONS

AREA CODE: 785

DSN CONVERSIONS: 239 = 856; 240 = 520

CHAPTER 2

SUBMISSION OF PAY RELATED DOCUMENTS

2-1 GENERAL

- a. The Defense Joint Military Pay System (DJMS) is an Army wide pay system. The Commander and Director, Defense Military Pay Office are jointly responsible for its effective administration. Operational responsibility for maintaining military pay accounts rests with the Defense Finance and Accounting Service (DFAS) and The Defense Military Pay Office (DMPO) Fort Riley. Unit S-1 supervisors play a key role in military pay administration; they are the technical experts at the unit level providing advice and assistance for DMPO military pay related matters. They serve as a link between the unit and the DMPO by providing pay ready supporting and substantiating documents that affect Soldiers pay accounts. Army Regulation 37-104-4, Chapter 1, Paragraph 1-4 gives the specific responsibilities for each Official/ Office involved.
- b. Documents pertaining to pay must be processed in a timely manner by all responsible persons to ensure transactions arrive at DFAS prior to the monthly cut-off dates. Unit commanders and S-1s will forward all documents pertaining to pay on a daily basis to ensure timely action on pay entitlements. All documents forwarded to the DMPO will be processed within five business days of receipt.

2-2 UNIT COMMANDER RESPONSIBILITIES

- a. **General.** The Unit Commander is the key link in providing the best possible military pay service to Soldiers. Following this guide will result in accurate and timely pay service. The Unit Commander also has numerous other resources available (1SG, Unit Clerk, S-1 Supervisor, and the Military Pay Office) to ensure Soldiers in their command are paid timely and accurately.
- b. **Responsibilities.**
 - (1) Ensuring all documentation affecting a Soldier's pay is prepared accurately and timely and expeditiously forwarded to the DMPO, NLT 1030 hours of the workday following the date of receipt of the document per DA PAM 600-8.
 - (2) Assisting personnel in preparing necessary forms and documents such as DA Form 4187, memorandums required, etc.
 - (3) Resolves pay inquiries at the lowest level possible. Most inquiries can be resolved through examination of the LES or review of the Unit Commander's Finance Report (UCFR). Further information is available on Unit Transmittal Letter (UTL) as well as various reports from the DMPO. Units lose many productive hours by sending Soldiers to the DMPO for every pay related

question. The Commander, 1SG, and S-1 Supervisor should make every effort to resolve an individual's inquiry or suggest the most effective means of doing so. As a final resort, document the problem on a DA Form 2142 (Pay Inquiry) and submit it to the DMPO.

- (4) Review and certify monthly UCFR and return a certified copy to DMPO by the published suspense date every month. **During UCFR review, check for proper pay status, pay grade, BAH, leave balances and existing debts.**
- (5) Ensuring that each Soldier obtains his/her monthly LES through MyPay.

2-3 UNIT S-1 REPRESENTATIVE RESPONSIBILITIES

a. General. The S-1 representatives act as a liaison between the Soldier, Unit Commander and the DMPO. Their role is to assist in resolving all military pay problems within assigned units. They are the key links in establishing a solid, well working relationship between the unit S-1 and DMPO network.

b. Responsibilities

- (1) **Unit Transmittal Letter.** The UTL provides the S-1 with a means of controlling and monitoring documents submitted to the DMPO. The S-1 will ensure that all UTLs are properly prepared and turned in to the DMPO by 1030 hours per DA PAM 600-8. Documents should not be batched. Arrive / Depart PCS documents and Pay Inquiries will be placed on a separate UTL since they require unique processing. **(See Figure 2A)**
 - (a) The UTL will contain the unit's Input Source Code (ISC) in the proper space. It must be on each and every document submitted and must be submitted to the DMPO as a PAY Ready document.
 - (b) The S-1 must complete the top of each UTL ensuring that contact information is complete and correct.
 - (c) Each UTL will be assigned a 5-digit control number. The first two digits are the month of the year expressed numerically (August = 08). The last three digits will indicate the sequence number of the UTL submitted during the month (1st UTL- 01, 2nd UTL-02).
 - (d) Please limit attachments to 18 Documents per UTL with one pay transaction type at a time (i.e. BAH, Leave (DA form 31), BAS).
 - (e) UTLs will be submitted via email:

dfas.riley.jfl.mbx.dmpo-riley-utl@mail.mil

S-1 OICs/NCOICs will ensure that all pay related documents initiated in the S-1 or submitted by the unit to the Battalion S1 are forwarded to the DMPO the next business day of the effective date of the action.

c. Pay Inquiries. The DMPO is not staffed to see every Soldier with a pay inquiry and must rely on S1 OICs/NCOICs to filter pay inquiries. Pay inquiries that cannot be resolved within the unit will be forwarded to the DMPO on a DA Form 2142 (Pay Inquiry) using a UTL. The procedures given below should be followed at all times.

- (1) The S-1 OIC/NCOIC should strive to answer all pay inquiries. They should ensure that all S-1 personnel are familiar with the Leave and Earnings Statement (LES). A large percentage of pay inquiries can be answered through logical explanation of the LES.
- (2) If it is determined an inquiry needs to be sent to the DMPO for further action the S-1 will properly prepare the DA Form 2142 (Pay Inquiry) and UTL with the Commander's typed or printed name and forward to the Customer Service Section at the DMPO, Building 212 via the following email:

dfas.riley.jfl.mbx.dmpo-riley-pay-inquiry@mail.mil.

- (3) Each S-1 representative should establish a follow up system to track and ensure that the inquiry has been answered by the DMPO and a copy is returned within the goal of three business days of receipt. This does not necessarily mean that the Soldier's problem has been fully resolved but that the DMPO has satisfactorily answered the inquiry and making input to correct any discrepancies as needed so that the Soldier's next regular pay will properly reflect his pay entitlement.

2-4 INDIVIDUAL SOLDIER RESPONSIBILITIES

a. General. It is each Soldier's responsibility to review and retain their LES monthly, and report any discrepancies through the chain of command immediately.

- (1) Responsibilities. Soldiers should initiate desired pay changes (pay options, allotments, etc.) through their S-1 or MyPay as soon as possible. The sooner the changes are submitted; the sooner the pay system will be updated.
- (2) Notify the S-1 for completion of documents immediately upon a change of marital status, dependency, occupancy of quarters or any other changes that might affect entitlements.
- (3) All pay changes should be submitted to the S-1 as follows:
 - (a) Submit entitlement changes within 24 hours of the effective date of change.
 - (b) Allotment stops should be submitted prior to end-of-month cut-off during the

desired month of stop.

- (c) Allotment starts and changes should be submitted prior to mid-month cut-off during the month that the desired start/change action is required.

Note: Soldiers can use MyPay to start/stop/change most allotments.

Figure 2A

| UNIT TRANSMITTAL LETTER | | | | |
|--|-----------|--|-------------------------|---|
| INPUT SOURCE CODE: <input style="width: 60px;" type="text"/> | | TOTAL # OF ENCLOSURES: <input style="width: 60px;" type="text"/> | | DATE: <input style="width: 80px;" type="text"/> |
| UTL # (MM-###): <input style="width: 60px;" type="text"/> | | LAST UTL # SUBMITTED: <input style="width: 60px;" type="text"/> | | PHONE: <input style="width: 100px;" type="text"/> |
| S1/PAC EMAIL ADDRESS: <input style="width: 350px;" type="text"/> @mail.mil | | | | |
| DMPO USE ONLY | | | | |
| ACCEPTED: <input style="width: 60px;" type="text"/> | | RETURNED: <input style="width: 60px;" type="text"/> | | |
| <p style="text-align: center; color: red;">PRIVACY ACT DATA</p> <p style="text-align: center;">PURPOSE: To be used on all documents containing personal information.</p> <p style="text-align: center; color: red;">DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974.</p> <p style="font-size: small;">Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. DO NOT drop off with third-party. The enclosed document(s) may contain personal or privileged information and should be treated as "For Official Use Only". Unauthorized disclosure of this information may result in CIVIL and CRIMINAL penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act Officer regarding the document(s). In accordance with DoD Directive 5400.11, DEPARTMENT OF DEFENSE PRIVACY PROGRAM, MAY 8, 2007.</p> | | | | |
| # | LAST NAME | LAST 4 | KEY SUPPORTING DOCUMENT | REMARKS |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
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| 16 | | | | |
| 17 | | | | |
| 18 | | | | |

CHAPTER 3

UNIT REPORTS

3-1 GENERAL

The Defense Joint Military Pay System (DJMS) offers many outstanding tools for use in monitoring the pay of your Soldiers. Under DJMS, many controls within the DMPO have been replaced. The unit S-1 now has the ability to monitor the documents submitted on a UTL for coding via the Daily Register of Transactions (DROT) and Jumps Leave Transaction Report. Another key report is the Unit Commander's Financial Report (UCFR) which provides a one line summary of pay related information on each Soldier in a particular unit. The LES is a computer produced monthly statement of account for each Soldier. The LES shows various entitlements earned, allotments, net pay, leave balances and existing debt amount as of the end of the period covered by the statement. In addition, the LES provides the Soldier with a complete record of transactions that affect his/her leave account for the period of the statement and serves as the official leave record.

3-2 DAILY/MONTHLY REPORTS

- a. **Leave and Earnings Statement (LES).** Soldiers may obtain their LES through MyPay each month upon notification of availability. Information on requesting an old LES can be obtained at the following website: <http://www.dfas.mil/customerservice/lesrequest.html>
- b. **Unit Commander's Finance Report (UCFR). (See Figure 3A)** The UCFR application is a web-based certification and correction submission application. It is designed to allow the Unit Commanders to easily and quickly assess the status and correctness of a Soldier's pay and allowances and to digitally certify this assessment. The UCFR application also allows for the attachment of supporting documentation and submission of certified UCFRs and documentation to the Defense Military Pay Office (DMPO). The UCFR will be available to the unit S-1s/CDR monthly after end-of-month cutoff. Registered users will receive email notification when the UCFR file is ready for processing. Units must return the UCFR NLT the 10th of every month. If the 10th falls on a weekend, the report is due back the last business day **before** the 10th.

The Commander will ensure the following:

- (1) The following items: pay grades and changes to BAH, leave balances, debts and incentive pay are verified.
- (2) Attach/submit supporting documentation to any corrections made on the UCFR that are not listed above. To remove Soldiers the Commander must submit orders (DA 4187 for intra post transfers) identifying the new unit.

(3) Unit commanders certify the UCFR and submit to the DMPO.

(4) Units must maintain a copy of all UCFRs for their records.

c. Daily Transactions (DTL). (See Figure 3B) The DTL is generated anytime a Soldier in your unit has a pay transaction processed to DFAS. Every document coded **(See Appendix B for a table of codes)** with your unit's Input Source Code (ISC) will reflect on the report. By comparing your UTLs with the DTL, you can ensure all documents are processed. If you do not receive a DTL or transactions are not processed within seven business days of turn-in date on the UTL, notify the Receiving/Processing Supervisor immediately. If the transaction shows as a reject on the DROT then you should monitor the next 3 business day DTLs to ensure that the action processed. If the action still has not processed then contact the Military Pay Supervisor for assistance.

d. Leaves. The DTL will be used to also track Leaves. Units should use the DTL to ensure correct leave information has been entered on assigned Soldier's Master Military Pay Account (MMPA), and to update the Unit Leave Control Log. If it has been more than 30 days since the Soldier has signed in from leave, and the Soldier's account has not been charged, notify the Processing Team immediately.

FIGURE 3A

Unit Commander's Financial Report

Unit Commander's Financial Report

For Report Month Ending: 09-2017

PACIDN: KEWH0PA1

Additional Information is available for each Soldier by clicking on the underlined items

Total Corrections Requested: 2

| Need Corr. | Grade | Name (Last, First, Middle) | SSAN | Status | Leave Balance | Net Pay | Meal Deductions | BAQ | BAH | Almts | Allow | Entlmt | Bonus Pay | Incen Pay | Debts |
|-------------------------------------|-------|--------------------------------|-------------|------------|---------------|-------------|-----------------|-----|-------|----------|-------|--------|-----------|-----------|-------------|
| <input type="checkbox"/> | E3 | ALABA ASSIMA | ***_**_**** | ON STATION | 36.5 | \$ 1,515.37 | \$ 305.66 | QTR | | N | N | N | N | N | \$ 1,046.21 |
| <input checked="" type="checkbox"/> | O3 | ALPTEKIN CIHAN | ***_**_**** | ON STATION | 54.0 | \$ 5,163.03 | \$ 0.00 | W/D | 76544 | <u>Y</u> | N | N | N | N | \$ 526.00 |

Type of Correction:

Remove Service Member

Please specify type in comments for categories ie. Allotments, Allowances, Entitlements, etc.

Correction Requested By:

CLAUDIA BRYAN

Comments:

SM Belongs to WHOPT1 - HHD 15th FMSU

Attachments - Supporting Documentation

Size Limit: 5MB

Add File

Open File

Remove File

| | | | | | | | | | | | | | | | |
|--------------------------|----|---|-------------|------------|------|-------------|-----------|-----|-------|----------|---|----------|---|---|-----------|
| <input type="checkbox"/> | E2 | BATTLE CORINTHIAN D | ***_**_**** | ON STATION | 17.5 | \$ 1,157.83 | \$ 313.50 | QTR | | N | N | N | N | N | \$ 320.63 |
| <input type="checkbox"/> | O2 | BRISON JAYE BERNARD | ***_**_**** | ON STATION | 45.0 | \$ 5467EM | \$ 0.00 | W/D | 76544 | <u>Y</u> | N | N | N | N | \$ 34.00 |
| <input type="checkbox"/> | O3 | BRYAN CLAUDIA KAMARA | ***_**_**** | ON STATION | 59.0 | \$ 2,559.79 | \$ 0.00 | W/D | 76544 | <u>Y</u> | N | N | N | N | \$ 42.00 |
| <input type="checkbox"/> | E6 | BUTLER BRANDON MICHAEL | ***_**_**** | ON STATION | 71.0 | \$ 4,586.46 | \$ 0.00 | W/D | 76544 | <u>Y</u> | N | N | N | N | \$ 30.50 |
| <input type="checkbox"/> | E4 | CONLEY CONNOR ELIZABETH | ***_**_**** | ON STATION | 36.5 | \$ 2,592.11 | \$ 0.00 | W/D | 76544 | N | N | N | N | N | \$ 220.83 |
| <input type="checkbox"/> | E2 | DELANCEY MALIK E | ***_**_**** | ON STATION | 16.0 | \$ 1,486.34 | \$ 313.50 | QTR | | <u>Y</u> | N | N | N | N | \$ 29.50 |
| <input type="checkbox"/> | E4 | GALLOWAY ANDREW ALLEN | ***_**_**** | ON STATION | 23.0 | \$ 1,689.30 | \$ 0.00 | QTR | | N | N | N | N | N | \$ 29.50 |
| <input type="checkbox"/> | E5 | HERROD JOCELYN D | ***_**_**** | ON STATION | 57.0 | \$ 4,309.09 | \$ 0.00 | W/D | 76544 | <u>Y</u> | N | <u>Y</u> | N | N | \$ 79.50 |
| <input type="checkbox"/> | E4 | NGUYEN THIEN TRUONG | ***_**_**** | ON STATION | 38.5 | \$ 4,050.05 | \$ 0.00 | W/O | 76544 | N | N | <u>Y</u> | N | N | \$ 256.40 |
| <input type="checkbox"/> | E3 | ORTEGA ANDRES | ***_**_**** | ON STATION | 10.5 | \$ 1,451.69 | \$ 313.50 | QTR | | N | N | N | N | N | \$ 129.50 |
| <input type="checkbox"/> | E4 | PARK JAEMIN | ***_**_**** | ON STATION | 57.0 | \$ 2,226.04 | \$ 0.00 | QTR | | N | N | N | N | N | \$ 8.50 |
| <input type="checkbox"/> | E5 | PETERS FRANCESCA LU | ***_**_**** | ON STATION | 45.5 | \$ 3,870.17 | \$ 0.00 | W/D | 76544 | <u>Y</u> | N | N | N | N | \$ 32.00 |
| <input type="checkbox"/> | E4 | RICHTER ALEXIS ELAIN | ***_**_**** | ON STATION | 33.0 | \$ 2,108.32 | \$ 0.00 | W/D | 76544 | <u>Y</u> | N | N | N | N | \$ 26.00 |
| <input type="checkbox"/> | E4 | RODRIGUEZ ASHLEY RYANNE | ***_**_**** | ON STATION | 50.5 | \$ 2,028.41 | \$ 0.00 | QTR | | N | N | N | N | N | \$ 5.00 |

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“I certify that I have reviewed the accountability and duty status of the personnel contained on this UCFR and that they are assigned or attached to my unit. To the best of my knowledge this information is correct or has been corrected on this report.

FIGURE 3B

Daily Transaction Listing (DTL)

DATE: 091021

PAGE: 20

Information in this report is covered by the Privacy Act of 1974 and must be protected from unauthorized access or use. For Official Use Only.

Daily Transaction Listing (D 7 Process Date: 2009-10-20

| Status | SSAN | Name | Tran | UIC | Update | Proc Date | Err Code | SvcSta | Cycle | Seq | Variable Data |
|--------|----------|-------|------|-----|--------|-----------|----------|--------|-------|-------|--|
| | | | | | | | | | | | 123456789 123456789 123456789 123456789 123456789 123456789 |
| PROC | XXXXXXXX | CLARK | SB03 | AB | 10-17 | 20091020 | | 4834 | Q6 | 00031 | 05B03XXXXXXXX CLARK081219090101A0141ABF0922600 4834ABQ6@0031 |
| PROC | XXXXXXXX | BOND | SB03 | AB | 10-17 | 20091020 | | 4834 | Q6 | 00032 | 05B03XXXXXXXX8BOND 081219090101A0141ABF0932500 4834ABQ6@0032 |
| RECY | XXXXXXXX | COOK | SB03 | AB | 10-17 | 20091020 | RAJ SJ2 | 4834 | Q6 | 00033 | 05B03XXXXXXXX COOK081219090101A0141ABF0932600 4834ABQ6@0033 |
| | | | | | | | | | | | * TRANS RECYCLE BECAUSE OF TEMPORARY PROGRAM PROBLEMS |

CHAPTER 4

ALLOWANCES

4-1 BASIC ALLOWANCE FOR SUBSISTENCE (BAS)

- a. **General.** Effective 1 January 2002, all Soldiers will receive BAS except during basic training. However, meal deductions will be collected from Soldiers in grades E1 – E5 who have been issued a meal card. **A Soldier with a meal deductions code on their CAC card will have meal deductions whether they use the dining facilities or not.**
- b. **Procedures.** Battalion Commanders have authority to start and stop meal deductions through a DA Form 4187. Please refer to the Army BAS policy for rules. **See Figures 4A/B.**
- c. **Effects of Field Duty.** During field training exercises, Soldiers not having meal deductions must pay for meals consumed during a field training exercise. Commanders will initiate BAS recoupment for enlisted Soldiers executing field training. To report field training exercises, submit a DA Form 4187 to the DMPO within five (5) business days after returning from the field. Only **ONE** DA FORM 4187 is required with an attached alpha roster for those Soldiers that were in the field. Commanders cannot approve their own meal deduction DA FORM 4187. A separate DA FORM 4187 must be completed for Officers. Meal deduction is considered a debt to the government rather than an offset to BAS. **See Figure 4C.**

4-2 BASIC ALLOWANCE FOR HOUSING (BAH)

- a. **General.** BAH provides members a monthly allowance for housing. This allowance is authorized for members with or without dependents. BAH consists of BAH-I (zip code based); In-transit BAH (Table Rate); BAH-DIFF (used for Soldiers paying child support under certain rules); and Partial BAH (for Soldiers living in the barracks). Rules and regulations can be found online at:

https://comptroller.defense.gov/Portals/45/documents/fmr/current/07a/07a_26.pdf, DoDFMR VOL 7A. Chapter 26.

- (1) All Soldiers are entitled to some type of BAH or none if occupying family government quarters. Soldiers assigned to single-type government quarters (barracks) are entitled to partial BAH. All other Soldiers are entitled to BAH at the with/without dependent rate.

- (2) Single Soldiers E-6 and above are allowed to live off post and qualify for BAH Without Dependents.
- (3) E-5 and below without dependents who reside off-post due to non-availability of government quarters must provide a certificate of non-availability (CNA) with the approval of the Garrison Commander or Barracks Management, with proper HQ IMCOM approval.
- (4) BAH is not payable to Soldiers residing in family government quarters for their grade or rank. Soldiers residing in privatized housing will receive BAH and an allotment will be deducted in the amount of the BAH (rank based).
- (5) An advance on BAH is authorized by the commander. This advance may be authorized to pay 1st month rent and security deposits incident to occupying quarters off- post. The advance may be prorated over a period not to exceed 12 months. Advances will not exceed 3 months BAH. Advance can be paid within 30 days of move-in and no earlier than 3 days prior to effective date. **(See Figure 4D)**
- (6) BAH may be paid on behalf of secondary dependents (such as parents, children between the ages of 21-23 if full time college student, or children residing with them due to Ward-of-the-Court) when the Soldier provides more than 50% of the support for that family member. An application on DD Form 137 must be submitted and DFAS-IN must approve the request. Service member will need to access the DFAS website(DFAS.Mil), select the military pay option, then review the secondary dependency guidance for eligibility information. submit their application to the DFAS Secondary Dependency Unit via the "AskDFAS" link on the DFAS website Army SDC screen. Applications that are not submitted using the "AskDFAS" link will not be processed. Once approved, the Soldier will receive BAH under normal provisions for family members. Dependency status must be recertified annually through DFAS – Dependency Determination Office. **(See Figure 4E)**

b. BAH. The determination of the BAH rate is based upon the duty location of the Soldier, pay grade and dependency status. An adjustment in the rates of BAH as a result of the Secretary of the Service concerned re-determination of housing costs in a Military Housing Area takes effect on January 1 of every year to ensure that BAH rates are competitive with local housing rates in the area.

(1) Procedures

- (a) Start BAH: A DA Form 5960 **(See Figure 4F)** must be submitted to start BAH. The S-1 must ensure the Soldier has all the appropriate documentation original plus one copy of the document (i.e., Marriage Certificate, Birth Certificate, etc.

- (b) Change BAH: A DA Form 5960 must be submitted to change BAH along with any supporting documentation; original plus one copy of the document surrounding the change (a copy of divorce decree or a copy of the marriage certificate, etc.)

(2) Effective Dates (IAW DoDFMR Volume 7A, Chapter 26, Tables 26-4 and 26-5)

- (a) Start BAH: the day you move out of family government quarters or acquire civilian family member(s).
- (b) Stop BAH: the day prior to you moving into family government quarters or no longer have a civilian family member.

c. Partial BAH. Partial BAH is authorized if a single Soldier is assigned to barracks. If a Soldier is paying child support and receiving BAH-DIFF, Partial BAH is not authorized.

d. In-Transit BAH. This is the table rate BAH (with/without) which is utilized to pay members during a PCS move from overseas or in-transit period during accession training. Single Soldiers are authorized this entitlement during PCS.

e. BAH-DIFF. This is generally authorized for Soldiers paying child support under certain conditions as outlined in DoDFMR Volume 7A, Chapter 26.

- (1) BAH-DIFF will be paid to a service-member that has proof of parentage and proof of support. Court orders to pay support must also be provided when applicable. For a child born out of wedlock, a birth certificate with the member name cited is required as proof of parentage. If the SM's name is not stated on the birth certificate or on a court order, SM can use a paternity test. Proof of support can be established in the following cases:

- Allotment (preferred method)
- Garnishment from pay
- Cancelled Checks/money orders
- Divorce Decree (if applicable)

- (2) The burden of proof lies with the service-member receiving BAH-DIFF. In other words, BAH-DIFF will not be started unless proof of payment and parentage is established prior to the DMPO updating the pay system for the Soldier. Also, BAH-DIFF will be stopped when there is no longer proof of support. It will be up to the service-member to provide proof of support to reestablish the entitlement.
- (3) BAH-DIFF stops when the service-member's marital status changes or moves into family type government quarters or reside off-post.
- (4) BAH-DIFF will be started with a DA Form 5960 and with proof of parentage and proof of support.
- (5) The child support payment must be at least equal to the BAH-DIFF rate.

Promotions and pay increases affect the rate. If either occurs, the Soldier is responsible for increasing the level of support. Failure to do so will result in the stoppage of BAH-DIFF.

4-3 FAMILY SEPARATION ALLOWANCE (FSA). FSA is authorized to compensate a Soldier for added expenses incurred because of forced separation from his/her family members to include Soldier married to Soldier.

a. FSA-II

- (1) To compensate Soldiers for added expenses incurred because of forced separation from their family due to PCS or TDY. There are two ways to subcategorize FSA Type-II: R for PCS and T for TDY.
- (2) FSA-R: The Soldier who is directed to serve a dependent restricted tour or whose family members are not authorized to move to the Soldier's duty location is entitled to FSA-R (e.g., Korea, Basic and AIT student Soldiers, OBCs). A Soldier's family member may not visit at or near the Soldier's permanent duty station for more than three continuous months.
- (3) FSA-T: A Soldier must be TDY for more than 30 consecutive days before becoming eligible for FSA-T. The Soldier's family member(s) may not visit at or near the Soldier's temporary duty station for 30 or more consecutive days. The day the Soldier departed the permanent duty station as well as the day the Soldier returns to his duty station are counted part of the 30-day requirement, however, FSA entitlements stops one day before arrival at home provided no leave is taken en-route.
- (4) FSA-R Dual: Effective October 1, 2008, FSA is payable to both married members when they reside together with their child(ren) immediately before being simultaneously assigned to duty assignments prescribed in subparagraphs 270103.A.1 through 3. The dual allowance shall continue until one of the members is no longer assigned to one of those duty assignments. The other member shall continue to receive the allowance until no longer assigned to one of those duty assignments.

b. The current rate of payment is \$8.33 per day or \$250.00 per month. (See DoDFMR Vol 7A, Chap 27 for rate updates).

c. A child in the legal custody of someone else is not considered as a family member for FSA purpose. A dependent child is an unmarried child(ren) of the member who is in legal custody of the member.

- (1) Legal custody includes a circumstance in which the member has been awarded joint physical and legal custody of a dependent child(ren) as a result of a court ordered custody agreement or finalized divorce decree, which provides that the child(ren) physically reside with the member on an equal basis (no less than 14 days during a month) as compared to the time the child(ren) reside(s) with the spouse, and the member's actual physical custody of the child(ren) is precluded due to an enforced family separation described under paragraph 270103. Such a custody arrangement must be stipulated in the signed court order or divorce

decree, subject to the verification by DMPO.

- (2) If a Soldier is not married and receiving BAH for child (not spouse), then submission of a Claim Statement for FSA is required for the verification of custody of child.

d. Procedures

- (1) FSA-R: Soldier submits through S-1 a DD Form 1561(Statement to Substantiate Payment of FSA) signed by the commander with a copy of the Soldier's PCS Orders. **See Figure 4G.**
- (2) S-1 OIC/NCOIC will submit a DD Form 1561 along with paid out travel voucher upon completion of TDY in order to receive entitlement for this specific FSA entitlement. **See Figure 4G.**
- (3) All requests for FSA entitlement must be submitted via UTL to the DMPO in accordance with UTL submission procedures.
- (4) To stop FSA, submit DA Form 4187, or DD 1351-2 and TDY or PCS order. There is no need to submit a DD 1561, FSA form.

4-4 TEMPORARY LODGING EXPENSE (TLE)

- a. General.** TLE is authorized to partially offset the added expenses incurred within the Continental United States (CONUS) by Soldiers and their family members. TLE is authorized when it is necessary for the Soldier and/or family members to occupy temporary lodging incident to a permanent change of station (PCS). Temporary Lodging Allowance (TLA) is for OCONUS. TLE is for CONUS.

- (1) Temporary lodgings for which TLE is authorized must, in fact, be a temporary place of residence. Lodging occupied upon initial arrival at a new PDS location which are permanent type residence quarters into which a member moves his or her household goods and continues occupancy indefinitely will not be considered temporary lodging for TLE.
- (2) TLE is payable for temporary lodging occupied by the Soldier and his/her family members before departure from old permanent duty station (PDS), and after reporting to the new PDS when per diem is not otherwise payable.
- (3) A member ordered on PCS from outside CONUS to a station in CONUS, or between stations in CONUS will be entitled to up to 10 days TLE as follows:
 - (a) A total of 10 days in connection with a PCS between old (PDS) and another CONUS duty station; (For example, 5 days in the vicinity of the old and 5 days in the vicinity of the new PDS, or ten days in the vicinity of either the old or new PDS, but not both).
 - (b) 5 days in connection with a PCS from Fort Riley to a PDS outside CONUS.

b. Procedures. Normally a TLE claim is completed after the DMPO in-processing briefing when the Soldier is in possession of all required documents. See below for required documents.

(1) If the Soldier has already been in-processed, the claim will be submitted with the following documents to their S-1:

(a) A copy of PCS orders (front and back side of orders) and all amendments.

(b) One copy of Original lodging receipt. (zeroed balance)

(c) Complete the Claim for TLE using DFAS Form 9098

([HTTPS://WWW.DFAS.MIL/MILITARYMEMBERS/TRAVELPAY/FORMS](https://www.dfas.mil/militarymembers/travelpay/forms))

(d) Once all documents are received and verified, they are sent to the DMPO In-processing Section on a UTL to be forwarded to DFAS-Rome Travel Section for payment: **dfas.riley.fjt.mbx.dmpo-riley-iop@mail.mil**

(e) On an average, TLE settlements take 20 business days.

Figure 4A

SAMPLE DA-4187 TO STOP MEAL DEDUCTIONS FOR AN INDIVIDUAL SOLDIER

| PERSONNEL ACTION <small>For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.</small> | | |
|---|--|---|
| DATA REQUIRED BY THE PRIVACY ACT OF 1974 | | |
| AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action. | | |
| 1. THRU (Include ZIP Code) | 2. TO (Include ZIP Code) | 3. FROM (Include ZIP Code) |
| DEFENSE MILITARY PAY OFFICE ATTN: PROCESSING TEAM FORT RILEY, KS 66442 | | SOLDIER'S COMPANY AND UNIT FORT RILEY, KS 66442 |
| SECTION I - PERSONAL IDENTIFICATION | | |
| 4. NAME (Last, First, MI) LAST NAME, FIRST NAME, MIDDLE INITIAL | 5. GRADE OR RANK/PMOS/AOC CURRENT GRADE OR RANK | 6. SOCIAL SECURITY NUMBER FULL SOCIAL SECURITY # |
| SECTION II - DUTY STATUS CHANGE (AR 600-8-6) | | |
| 7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____ | | |
| SECTION III - REQUEST FOR PERSONNEL ACTION | | |
| 8. I request the following action: (Check as appropriate) | | |
| <input type="checkbox"/> Service School (Enl only) | <input type="checkbox"/> Special Forces Training/Assignment | <input type="checkbox"/> Identification Card |
| <input type="checkbox"/> ROTC or Reserve Component Duty | <input type="checkbox"/> On-the-Job Training (Enl only) | <input type="checkbox"/> Identification Tags |
| <input type="checkbox"/> Volunteering For Oversea Service | <input type="checkbox"/> Retesting in Army Personnel Tests | <input type="checkbox"/> Separate Rations |
| <input type="checkbox"/> Ranger Training | <input type="checkbox"/> Reassignment Married Army Couples | <input type="checkbox"/> Leave - Excess/Advance/Outside CONUS |
| <input type="checkbox"/> Reassignment Extreme Family Problems | <input type="checkbox"/> Reassignment | <input type="checkbox"/> Change of Name/SSN/DOB |
| <input type="checkbox"/> Exchange Reassignment (Enl only) | <input type="checkbox"/> Officer Candidate School | <input checked="" type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Airborne Training | <input type="checkbox"/> Asgmt of Pers with Exceptional Family Members | STOP MEAL DEDUCTIONS |
| 9. SIGNATURE OF SOLDIER (When required) | | 10. DATE (YYYYMMDD) |
| SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet) | | |
| 1. REQUEST MEAL DEDUCTIONS BE STOPPED. 2. REASON FOR STOPPING MEAL DEDUCTIONS: (Examples: Never issued a meal card, marriage, promotion to SSG, DFAC hours conflict with mission, barracks termination.) 3. DATE TURNED IN MEAL CARD or DATE MEAL DEDUCTION CODE REMOVED FROM CAC: (Do not include this information if no meal card was issued and the CAC was not encrypted for meal deductions.) 4. EFFECTIVE DATE: _____ 5. VOCO DATE: _____ (NOTE: If a meal card was issued, meal deductions stop on the date the meal card was turned in to the S-1. If the CAC was encrypted for meal deduction collection, meal deductions stop on the date the meal deduction code was removed from the CAC. The effective and VOCO dates must match the meal card turn in date or CAC code removal date.) (NOTE: If no meal card was issued and the CAC was not encrypted for meal deductions, meal deduction may be stopped no earlier than the day the soldier arrived at the unit, not Fort Riley. The effective and VOCO dates must match that date.) | | |
| SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL | | |
| 11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein - | | |
| <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input checked="" type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED | | |
| 12. COMMANDER/AUTHORIZED REPRESENTATIVE FULL NAME, RANK, BN CDR | 13. SIGNATURE BATTALION CDR'S SIGNATURE | 14. DATE (YYYYMMDD) DATE |

[illegible]

| PERSONNEL ACTION For use of this form, see AR 600-8-6; the proponent agency is DCS, G-1 | | | |
|--|---|---|-----------------|
| DATA REQUIRED BY THE PRIVACY ACT OF 1974 | | | |
| AUTHORITY: Title 10, use, Section 3013, E.O. 9397 (SSN), as amended PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. DISCLOSURES: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action. | | | |
| 1. THRU (Include ZIP Code) AS REQUIRED | 2. TO (Include ZIP Code) DMPO 212 Custer Ave FT Riley, KS 66442 | 3. FROM (Include ZIP Code) UNIT NAME/ ADDRESS | |
| SECTION I - PERSONAL IDENTIFICATION | | | |
| 4. NAME (Last, First, MI) Soldier, Joe L | 5. GRADE OR RANK/PMOS/AOC E-4/ SPC | 6. SOCIAL SECURITYNUMBER SSN | |
| SECTION II - DUTY STATUS CHANGE (AR 600-8-6) | | | |
| 7. The above Soldier's duty status is changed from LEAVE BLANK to _____ | | | |
| SECTION III - REQUEST FOR PERSONNEL ACTION | | | |
| 8. I request the following actions: (Check as appropriate) | | | |
| <input type="checkbox"/> Service School (Enl only) | <input type="checkbox"/> Special Forces Training/Assignment | <input type="checkbox"/> Identification Card | |
| <input type="checkbox"/> ROTC or Reserve Component Duty | <input type="checkbox"/> On-The-Job Training (Enl only) | <input type="checkbox"/> Identification Tags | |
| <input type="checkbox"/> Volunteering for Overseas Service | <input type="checkbox"/> Retesting in Army Personnel Tests | <input type="checkbox"/> Separate Rations | |
| <input type="checkbox"/> Ranger Training | <input type="checkbox"/> Reassignment Married Army Couples | <input type="checkbox"/> Leave - Excess/Advance/Outside CONUS | |
| <input type="checkbox"/> Reassignment Extreme Family Problems | <input type="checkbox"/> Reclassification | <input type="checkbox"/> Change of Name/SSN/DOB | |
| <input type="checkbox"/> Exchange Reassignment (Enl only) | <input type="checkbox"/> Officer Candidate School | <input checked="" type="checkbox"/> Other: BAS RECOUPMENT | |
| <input type="checkbox"/> Airborne Training | <input type="checkbox"/> Asgmt of Pers with Exceptional Family Members | | |
| 9. SIGNATURE OF SOLDIER (When required) | | | 10. DATE |
| SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet) | | | |
| REQUEST COLLECTION OF MEAL DEDUCTIONS FOR ATTACHED SOLDIERS DUE TO PARTICIPATION IN FIELD TRAINING EXERCISE WHERE MEALS WERE PROVIDED. FIELD TRAINING EXERCISE: YYYYMMDD to YYYYMMDD NOTES: (1) Ensure Rosters are sorted by "Exercise Date" and "Input Source Codes (ISC)" (i.e. AB (ISC)grouped together then AC (ISC) grouped together) (2) THE APPROVING AUTHORITY CANNOT APPROVE COLLECTION FOR THEMSELF, THERE MUST BE A SEPARATE DA FORM 4187 SUBMITTED AND SIGNED BY A HIGHER AUTHORITY. | | | |
| SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL | | | |
| 11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein - | | | |
| <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input checked="" type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED | | | |
| 12. COMMANDER/AUTHORIZED REPRESENTATIVE BN CDR/ DESIGNEE TYPE/ PRINTED NAME | 13. SIGNATURE BN CDR/ DESIGNEE SIGNATURE | 14. DATE | |

FIGURE 4C (cont'd)

[illegible]

FIGURE 4D

| PERSONNEL ACTION For use of this form, see AR 600-8-6; the proponent agency is DCS, G-1 | | | |
|--|---|---|--------------------|
| DATA REQUIRED BY THE PRIVACY ACT OF 1974 | | | |
| AUTHORITY: Title 10, use, Section 3013, E.O. 9397 (SSN), as amended PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system DISCLOSURES: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action. | | | |
| 1. THRU (Include ZIP Code) AS REQUIRED | 2. TO (Include ZIP Code) DMPO Darnall Loop, BLDG 36000 4 th Floor FORT HOOD, TX 76544-5036 | 3. FROM (Include ZIP Code) UNIT NAME/ ADDRESS | |
| SECTION I - PERSONAL IDENTIFICATION | | | |
| 4. NAME (Last, First, MI) Soldier, Joe L | 5. GRADE OR RANK/PMOS/AOC E-4/ SPC | 6. SOCIAL SECURITYNUMBER SSN | |
| SECTION II - DUTY STATUS CHANGE (AR 600-8-6) | | | |
| 7. The <u>above Soldier's duty status is changed from</u> <u>LEAVE BLANK</u> <u> </u> <u> </u> <u>to</u> <u> </u> | | | |
| SECTION III - REQUEST FOR PERSONNEL ACTION | | | |
| 8. I request the following actions: (Check as appropriate) | | | |
| <input type="checkbox"/> Service School (Enl only) | <input type="checkbox"/> Special Forces Training/Assignment | <input type="checkbox"/> Identification Card | |
| <input type="checkbox"/> ROTC or Reserve Component Duty | <input type="checkbox"/> On-The-Job Training (Enl only) | <input type="checkbox"/> Identification Tags | |
| <input type="checkbox"/> Volunteering for Overseas Service | <input type="checkbox"/> Retesting in Army Personnel Tests | <input type="checkbox"/> Separate Rations | |
| <input type="checkbox"/> Ranger Training | <input type="checkbox"/> Reassignment Married Army Couples | <input type="checkbox"/> Leave - Excess/Advance/Outside CONUS | |
| <input type="checkbox"/> Reassignment Extreme Family Problems | <input type="checkbox"/> Reclassification | <input type="checkbox"/> Change of Name/SSN/DOB | |
| <input type="checkbox"/> Exchange Reassignment (Enl only) | <input type="checkbox"/> Officer Candidate School | <input checked="" type="checkbox"/> | Other: Advance BAH |
| <input type="checkbox"/> Airborne Training | <input type="checkbox"/> Asgmt of Pers with Exceptional Family Members | | |
| 9. SIGNATURE OF SOLDIER (When required) | | | 10. DATE |
| SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet) | | | |
| State reason why Soldier need Advance BAH. Need copy of lease attached to this DA form 4187. First month's rent: \$750.00 Last month's rent: \$750.00 Deposit: \$750.00 Request pro-ration of advance debt be prorated for _____ months. (NTE 12 months) Per AR 37-101-4 Chapter 15, paragraph 15-2f: Advance of housing allowances an BAH will requested in advance by Soldiers. The Soldier will attach a copy of the lease, or other documentation (such as OCONUS advance security deposit) showing the Soldier's initial expense. The FO/DMPO will pay the lesser of the justified initial expenses or three months entitlement of BAH and housing allowance. The FO/DMPO will consider amounts previously paid as advances for a permanent change of station (PCS) when computing the amount payable and the liquidation period. Unless justified per paragraph 5-3 the FO/DMPO will only allow the Soldier to liquidate the advance over a period up to 12 months. If evidence is received that the Soldier has terminated the occupancy of the quarters for which the advance was paid, the FO/DMPO will recoup any remaining balance due on an advance of BAH and housing allowance. This will be done in a lump sum from the Soldier's pay account or by a cash collection voucher. | | | |
| SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL | | | |
| 11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein - | | | |
| HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL <input checked="" type="checkbox"/> IS APPROVED IS DISAPPROVED | | | |
| 12. COMMANDER/AUTHORIZED REPRESENTATIVE CDR/ DESIGNEE TYPE/ PRINTED NAME | 13. SIGNATURE CDR/ DESIGNEE SIGNATURE | 14. DATE | |

FIGURE 4E

| | | |
|---|--|--|
| DEPENDENCY STATEMENT - PARENT | CONTROL NUMBER | OMB No. 0730-0014 OMB approval expires Nov 30, 2010 |
| <p>The public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0730-0014). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.</p> | | |
| PRIVACY ACT STATEMENT | | |
| <p>AUTHORITY: P.L. 93-64; 37 U.S.C., Chapter 7, Section 403; E.O. 9397 (SSN); and DoDFMR 7000.14-R, Vol. 7a, Chapter 26.</p> <p>PRINCIPAL PURPOSE(S): The information will be used to determine the relationship and dependency of the claimed dependents and determine the member's entitlement to authorized benefits.</p> <p>ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices apply.</p> <p>DISCLOSURE: Voluntary; however, failure to provide this information will result in a suspension of the dependent entitlement until the military member provides the required certification.</p> | | |
| INSTRUCTIONS | | |
| <p>The member must complete Items 1 and 2, and sign and date the form. Parent or parent(s) representative (if parent is unable to complete the form due to health or physical disability) must complete Items 3 through 12, sign and date the form, and have the form notarized. If a representative completes the form for the parent(s), include in the Remarks section the name of the individual, the relationship, and the reason the form was not completed by parent(s). If the member is deceased, information furnished must reflect the 12 months prior to member's death.</p> <p>NOTES: Answer all questions. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Use the Remarks section when required. Incomplete answers will delay final action on the application. Verification of all income is required. Proof of member's contribution is required when applying for Basic Allowance for Housing (BAH). Parent must be more than 50% dependent upon member.</p> | | |
| 1. ENTITLEMENTS REQUESTED (X and complete as applicable) | | |
| a. TYPE <input type="checkbox"/> BAH <input type="checkbox"/> USIP CARD <input type="checkbox"/> TRAVEL ALLOWANCE | b. FIRST APPLICATION? <input type="checkbox"/> YES (If No, give date of last application) <input type="checkbox"/> NO (YYYYMMDD) | c. LAST APPLICATION WAS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| 2. MEMBER INFORMATION | | |
| a. NAME (Last, First, Middle Initial) | | b. SSN |
| | | c. RANK |
| d. STATUS (X and complete as applicable) | | |
| <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> DECEASED (Date of death) (YYYYMMDD) | | |
| <input type="checkbox"/> RETIRED <input type="checkbox"/> RESERVE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER (Specify) | | |
| e. COMPLETE RESIDENCE ADDRESS (Street, Apartment Number, City, State, ZIP Code) | | |
| | | |
| f. COMPLETE MILITARY ADDRESS (Include assignment: squadron and base) | | |
| | | |
| g. TELEPHONE NUMBERS (Include DSN or Area Code) | | h. E-MAIL ADDRESS |
| (1) WORK | (2) HOME | |
| | | i. MARITAL STATUS (X one) |
| | | <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED |
| | | <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED |
| 3. PARENT(S) INFORMATION | | |
| a. (1) NAME (Last, First, Middle Initial) | | b. (1) NAME (Last, First, Middle Initial) |
| | | |
| (2) SSN | (3) DATE OF BIRTH (YYYYMMDD) | (2) SSN |
| | | (3) DATE OF BIRTH (YYYYMMDD) |
| (4) RELATIONSHIP | | (4) RELATIONSHIP |
| | | |

DD FORM 137-3, JAN 2008

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Page 1 of 5 Pages
Adobe Professional 7.0

DD Form 137-3 Dependency Statement – Parent
 DD Form 137-4 Dependency Statement – Child born out of wedlock
 DD Form 137-5 Dependency Statement – Incapacitated child over age 21
 DD Form 137-6 Dependency Statement – Full Student 21- 22 years of age
 DD Form 137-7 Dependency Statement – Ward of the Court

https://www.dfas.mil/militarymembers/SecondaryDependency/secondarydependency_Army.html

FIGURE 4F

Married to a Civilian Spouse with Dependent BAH

Input Source Code

| AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of DA Form 5960, use 31-104-3; the proposed agency is ASA (P)</small> | | | | PRIVACY ACT STATEMENT AUTHORITY: 37 USC 403; Public Law 86-363; DO 4387. PRINCIPLE PURPOSE: To start, adjust or terminate military pay member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). ROUTINE USE: To adjust member's military pay record, inform others may be affected to allow pay action, such as transfer, major command, and other duty assignments, to add or delete non-pensionable other federal agencies such as IRS, Social Security Administration and VA, GAO, or others at Congress, State and local government, IRS and State courts, and various law enforcement agencies. Member's Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Member's name may be used in support of BAQ and/or VHA. Disclosure of your SSN is voluntary. How ever, this form will not be processed without your SSN because the Army requires this for pay purposes by your SSN. | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------|-----------------|---|-----------|-----------------------------|--|--|--|-----------|--|---|---|--|-----------------|----------------------------|--|-------------------------|---------------------|------------------------------|-----------------------------------|--|--------------------------|--|--|-----------------|---------------|
| 1. NAME (Last, First, MI) DOE, JOHN, M. | | | | 2. SOCIAL SECURITY NUMBER 123-45-6789 | | | | 3. GRADE E6 | | | | | | | | | | | | | | | | | | | |
| 4. TYPE OF ACTION START <input type="checkbox"/> CANCEL <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> REPORT <input type="checkbox"/> CORRECT <input type="checkbox"/> STOP <input type="checkbox"/> RECONFIRMATION <input type="checkbox"/> | | | | 5. DUTY LOCATION (Include Station, State, City, State, and Zip Code) YOUR UNIT FORT POLK, LA 71450 | | | | 6. DATES ACTION (YYMMDD) 20130801 | | | | 7. BAQ TYPE WITH DEPENDENTS <input checked="" type="checkbox"/> PARTIAL <input type="checkbox"/> WITHOUT DEPENDENTS <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 8. MARITAL/DEPENDENCY STATUS a. SINGLE <input checked="" type="checkbox"/> b. MARRIED <input type="checkbox"/> (see block (1), (2) & (3)) c. DIVORCED <input type="checkbox"/> (see block (1), (2) & (3)) d. SPECIALLY SEPARATED <input type="checkbox"/> (see block (1), (2) & (3)) e. DEPENDENT CHILD <input type="checkbox"/> (see block (1), (2) & (3)) | | | | 9. QUARTERS ASSIGNMENT/AVAILABILITY a. ADEQUATE <input type="checkbox"/> (see block (1)) b. INADEQUATE <input type="checkbox"/> (see block (1), (2) & (3)) c. TRANSFER <input type="checkbox"/> (see block (1)) d. NOT AVAILABLE <input checked="" type="checkbox"/> | | | | 10. QUARTERS NO. _____ 11. FAIR RENTAL VALUE \$ _____ 12. FROM: _____ TO: _____ 13. MEMBER ELECTION <input type="checkbox"/> (member is grade E7 and below) COMMANDER <input type="checkbox"/> (type position) | | | | | | | | | | | | | | | | | | | |
| 14. CDD in Custody of: <input type="checkbox"/> member <input type="checkbox"/> spouse <input type="checkbox"/> former spouse <input type="checkbox"/> other | | | | 15. IF you check "OTHER" above, prepare DA Form 127 to establish dependency. 16. If child support received from a former military member, complete (1), (2) & (3). | | | | 17. DEPENDENT'S STATUS (Complete on each if required) <table border="1"> <thead> <tr> <th>NAME OF DEPENDENT/CHILDR</th> <th>COMPLETE CURRENT ADDRESS (Include ZIP Code)</th> <th>RELATIONSHIP</th> <th>DOB OF CHILDREN</th> </tr> </thead> <tbody> <tr> <td colspan="2">LIST ALL DEPENDENTS</td> <td>SPOUSE</td> <td></td> </tr> <tr> <td></td> <td>LIST ADDRESS OF DEPENDENTS</td> <td>SON</td> <td>271106</td> </tr> <tr> <td></td> <td></td> <td>DAUGHTER</td> <td>941003</td> </tr> </tbody> </table> | | | | NAME OF DEPENDENT/CHILDR | COMPLETE CURRENT ADDRESS (Include ZIP Code) | RELATIONSHIP | DOB OF CHILDREN | LIST ALL DEPENDENTS | | SPOUSE | | | LIST ADDRESS OF DEPENDENTS | SON | 271106 | | | DAUGHTER | 941003 |
| NAME OF DEPENDENT/CHILDR | COMPLETE CURRENT ADDRESS (Include ZIP Code) | RELATIONSHIP | DOB OF CHILDREN | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST ALL DEPENDENTS | | SPOUSE | | | | | | | | | | | | | | | | | | | | | | | | | |
| | LIST ADDRESS OF DEPENDENTS | SON | 271106 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | DAUGHTER | 941003 | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. CERTIFICATION OF DEPENDENT'S SUPPORT I certify that I provide, or am able to provide adequate support for the above named dependents. I am not dependent on support from any other source. I am not dependent on support from any other source. I am not dependent on support from any other source. | | | | 19. CERTIFICATION OF DEPENDENT'S SUPPORT I certify that I provide, or am able to provide adequate support for the above named dependents. I am not dependent on support from any other source. I am not dependent on support from any other source. I am not dependent on support from any other source. | | | | | | | | | | | | | | | | | | | | | | | |
| 20. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON My permanent duty station: _____ My dependent's location: _____ Both my permanent duty station and dependent's location: _____ | | | | 21. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON My permanent duty station: _____ My dependent's location: _____ Both my permanent duty station and dependent's location: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| 22. Monthly Expenses: <table border="1"> <thead> <tr> <th>Member</th> <th>Dependent</th> </tr> </thead> <tbody> <tr> <td>(1) Mortgage (PITI) or Rent</td> <td></td> </tr> <tr> <td>(2) Insurance</td> <td></td> </tr> <tr> <td>(3) Other</td> <td></td> </tr> <tr> <td>TOTALS</td> <td></td> </tr> </tbody> </table> | | | | Member | Dependent | (1) Mortgage (PITI) or Rent | | (2) Insurance | | (3) Other | | TOTALS | | 23. Other/Leave Information <table border="1"> <thead> <tr> <th>Other/Leave Information</th> <th>Address Information</th> </tr> </thead> <tbody> <tr> <td>(1) Post-employment Address:</td> <td>(1) Location's Name and Address:</td> </tr> <tr> <td>(2) Effective Date: (3) Expiration Date:</td> <td>(2) Location's Phone No.</td> </tr> <tr> <td>(4) Number of Bedrooms (show room code) and address in block 10.</td> <td></td> </tr> </tbody> </table> | | | | Other/Leave Information | Address Information | (1) Post-employment Address: | (1) Location's Name and Address: | (2) Effective Date: (3) Expiration Date: | (2) Location's Phone No. | (4) Number of Bedrooms (show room code) and address in block 10. | | | |
| Member | Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) Mortgage (PITI) or Rent | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other/Leave Information | Address Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) Post-employment Address: | (1) Location's Name and Address: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) Effective Date: (3) Expiration Date: | (2) Location's Phone No. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (4) Number of Bedrooms (show room code) and address in block 10. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. I certify ALL information regarding this authorization is correct. I will be notified by the command of any changes to the information above, due to divorce, marriage, death, being in government quarters etc. which would affect my BAQ or VHA entitlement. | | | | 25. I certify ALL information regarding this authorization is correct. I will be notified by the command of any changes to the information above, due to divorce, marriage, death, being in government quarters etc. which would affect my BAQ or VHA entitlement. | | | | | | | | | | | | | | | | | | | | | | | |
| 26. MEMBER'S SIGNATURE SOLDIER'S SIGNATURE | | | | 27. DATE TODAY | | | | 28. CERTIFYING OFFICER'S SIGNATURE Commander's Signature/ Signature Block | | | | 29. DATE | | | | | | | | | | | | | | | |

DA FORM 5960, SEP 90

REPLACES DA FORM 3283, JUL 84 AND DA FORM 3343, JUL 84 WHICH ARE OBSOLETE

USAPPC V2.00

FIGURE 4G

| STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA) | | | |
|---|---|---|--|
| PRIVACY ACT STATEMENT | | | |
| <p>AUTHORITY: 37 U.S.C. 427, Family separation allowance.</p> <p>PURPOSE: To substantiate payment of Family Separation Allowance (FSA); provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments; and provides a record in service member's pay account.</p> <p>ROUTINE USES: To the Treasury Department to provide information on check issues and electronic funds transfers. To Federal, state, and local governmental agencies in response to an official request for information with respect to law enforcement, investigatory procedures, criminal prosecution, civil court action and regulatory order. Additional routine uses can be found within the applicable system of records notices, T7344, Defense Joint Military Pay System-Reserve Component; T7340, Defense Joint Military Pay System-Active Component; and M0104-3, Marine Corps Manpower Management Information System Records, located at: http://dpoid.defense.gov/Privacy/SORN/index/DOD-Component-Notices/</p> <p>DISCLOSURE: Voluntary, however, if requested information is not provided, FSA will not be considered.</p> | | | |
| 1. NAME OF MEMBER (Last, First, Middle Initial) Doe John | 2. GRADE E-5 | 3. DoD ID NUMBER 111111111111 | 4. BRANCH AND ORGANIZATION ARMY III CORPS |
| PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA | | | |
| 5. TYPE II (X as applicable) <input checked="" type="checkbox"/> FSA-T (Temporary) <input type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship) | | 6. DATE (DD/M/YYYY) DEPARTED RESIDENCE TO UNIT HOME STATION (Mobilized Members) 080218 | |
| 7. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S) MY Home USA, Fort Hood Texas 76544 | | | |
| 8. I CERTIFY TO THE FOLLOWING FACTS (X applicable box(es)) | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">Select all that apply:</div> <input checked="" type="checkbox"/> a. I am not divorced or legally separated from my spouse. <input checked="" type="checkbox"/> b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders. <input checked="" type="checkbox"/> c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty. <input checked="" type="checkbox"/> d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year. <input checked="" type="checkbox"/> e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit. <input checked="" type="checkbox"/> f. I am married to another military member currently serving on active duty and my spouse <input type="checkbox"/> was <input type="checkbox"/> was not residing with me immediately before being separated by execution of my military orders. Spouse's DoD ID number 222222222222 Branch and Component: ARMY <input checked="" type="checkbox"/> g. My last TDY or deployment, if any, <input type="checkbox"/> was <input checked="" type="checkbox"/> was not within the last 30 days from this TDY or deployment. | | | |
| 9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship)) while I am in receipt of FSA. | | | |
| a. DATE (DD/M/YYYY) 060520 | b. SIGNATURE OF MEMBER Soldier's Signature | | |
| PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW | | | |
| 10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. (Attach a blank page for continuation if necessary.) | | | |
| a. LOCATION Fort Lee, VA | b. INCLUSIVE DATES OF TDY/T (From/To) 8 Feb 2020-10 Mar 2020 | c. NO. OF DAYS 31 | |
| 11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ (Last permanent duty station) on _____ (DD/M/YYYY) and was on leave en route (Inclusive leave dates - DD/M/YYYY) _____, proceed time _____ (Inclusive dates) _____ and the member reported to _____ (PDS) on _____ (DD/M/YYYY). Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station. | | | |
| 12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing (DD/M/YYYY) _____ | | | |
| a. NAME OF SHIP/UNIT | b. HOMEPORT | | |
| 13. Travel performed under authority of orders ORDER NUMBER _____, dated 270120 | | | |
| 14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member. | | | |
| 15. CERTIFYING OFFICER | | | |
| a. TYPED NAME (Last, First, Middle Initial) PRINT COMMANDER'S NAME | b. TITLE COMMANDER'S SIGNATURE BLOCK | | |
| c. ORGANIZATION UNIT | d. SIGNATURE Commander's Signature | e. DATE (DD/M/YYYY) 050520 | |

DD FORM 1561, DEC 2017

PREVIOUS EDITION IS OBSOLETE.

AEM Designer Page 1 of 1

CHAPTER 5

INCENTIVE AND SPECIAL PAY

5-1 HAZARDOUS DUTY INCENTIVE PAY FOR FLYING DUTY (HDIP)

a. General. The Flight Pay Program is a Unit Commander's directed program, as such the units are responsible for managing their Soldier's flight logs and flight hours. Soldiers under competent orders to participate in regular and frequent aerial flights as crew or non-crew members, and who otherwise meet the requirements, are entitled to flying pay for that duty. Officers who are qualified for aviation service are not entitled to crew or non-crew member incentive pay, but may be entitled to aviation career incentive pay. **(See paragraph 5-2)**

b. Crew Members

- (1) Crewmembers are defined as those Soldiers whose duties are essential to operating the aircraft in flight or for completing the specific mission of the aircraft that can only be accomplished during aerial flight.
- (2) The HDIP rate for crewmembers is based on grade.
- (3) Competent orders will, upon request, be published by the S-1/S-1 and submitted to the DMPO on a UTL.
- (4) Termination orders must be published upon suspension, termination of duty, or PCS and will be submitted to the DMPO on a UTL.

c. Non-crew Members

- (1) Non-crew members are defined as Soldiers who have duties directly related to the in-flight mission of the aircraft that cannot be performed by the assigned crew members.
- (2) The monthly HDIP rate for non-crew members is \$150.00.
- (3) Competent orders will, upon unit request, be published by the S-1/S-1 and submitted to the DMPO on a UTL.
- (4) Termination orders must be published upon suspension, termination of duty, or PCS and will be submitted to the DMPO on a UTL.

d. Flight requirements.

- (1) Personnel authorized HDIP must meet minimum flight requirements IAW AR 600-106 and DoDFMR Volume 7A, Chapter 22 in order to maintain entitlement. Basically, during each calendar month, Soldiers must perform four-hour of aerial flight duty. However, if a Soldier fails to meet this four-hour minimum in any one

month, flight hours, which have not been used to qualify for pay over the proceeding five months, may be used to meet this four-hour requirement. EXAMPLE: SGT Jones performed only three hours of flight duty during the month of August. A review of flight records indicates that flight hours over the past five months have been: March=5 hrs; April=6 hrs; May=3 hrs; June=3 hrs, and July=4 hrs. SGT Jones does qualify for August since one additional hour from March may be applied to May, one excess hour from April may be applied to June, and the remaining excess hour may be applied to August.

- (2) When the four-hour minimum cannot be met by using the previous months, the Soldier may qualify by performing a total of eight flight hours in two consecutive months or a total of twelve hours in three consecutive months.
- (3) Flight Pay will continue as long as the Soldier continues to meet the performance requirements.
- (4) When a Soldier fails to meet the performance requirements, the unit must notify the DMPO. A memorandum lists the names and social security numbers of the Soldiers who did not meet the required flight requirement for a certain period of time. The memorandum will be submitted on a UTL.

5-2 AVIATION CAREER INCENTIVE PAY (ACIP)

a. General.

- (1) An officer qualified for aviation service (except a flight surgeon or medical officer) is entitled to continuous ACIP, starting when the officer entered flight training leading to the original rating or when appointed as officer, whichever is later. Normally, the entitlement continues until the officer completes twelve years of aviation service; however, ACIP may continue for up to 25 years if the officer meets the operational flying duty requirements.
- (2) Performance review gates are established for the 12th and 18th years of aviation service. If the officer is found qualified, DA orders will be issued by PERSCOM to continue the entitlement. These orders will be sent by PERSCOM directly to the Defense DMPO and Accounting Service – Indianapolis (DFAS-IN). No input from the field office is required.
- (3) Performance review gate 12th and 18th years of aviation service. If the officer is found not qualified, he or she may request conditional AvIP in accordance with paragraph 3-1c, AR 600-015. Flight hours to qualify for conditional AvIP must be performed in an aircraft (no simulator time) while logging a rated crewmember symbol other than “CP” and recorded on DA form 759. Local Military Personnel Office will publish order authorizing Monthly Conditional AvIP
- (4) An officer qualified for aviation service who is not entitled to continuous ACIP, flight surgeons, and other medical officers are entitled to monthly ACIP if they are performing operational flying under competent orders, and meet the

minimum flight requirement.

- (5) Unit commanders will provide upon request from servicing Finance office copies of their soldiers DA form 756 (Flight Log) to start, stop or terminate Flight Pay.

b. Flight Requirement

- (1) An officer must normally complete four hours of aerial flight in a calendar month. However, if an officer does not fly four hours in any month, hours flown during the last five preceding months which have not already been used to qualify for ACIP may be applied to meet this four-hour requirement.
- (2) When the four-hour minimum cannot be met by using the previous months, the officer may qualify by performing a total of eight flight hours in two consecutive months or a total of twelve hours in three consecutive months.
- (3) Rates paid for ACIP vary depending upon grade and years of aviation service.

c. Procedures.

- (1) Continuous ACIP: The only action required by units is to review/certify the Finance Quarterly Flight Pay report annually by May 1st to ensure service members assigned have met requirements to receive the entitlement.
- (2) Monthly ACIP: If an officer fails to meet the monthly flying requirements, the unit must submit a memorandum stating the officer's name, social security number, and the months effected via a UTL to the DMPO.

5-3 DEMOLITION PAY

a. General.

- (1) A Soldier entitled to basic pay, who is required by competent orders to perform duty involving the demolition of explosives, as prescribed by Military Service regulations, as a primary duty (including training for that duty), is entitled to demolition incentive pay. Unit Commanders are responsible to manage their Soldier's eligibility for entitlement. Units must take action to terminate pay for Soldiers that have not met the requirement IAW Army Regulations.
- (2) Demolition incentive pay is payable for any full month, or is prorated for any portion of a calendar month during which a member under competent orders performs demolition duty by use of live explosives.

b. Duty involving Demolition of Explosives:

- (1) Demolition duty is duty performed by members who engage in the following activities under competent orders and as a primary duty assignment:

- (a) Demolish by the use of explosive objects, obstacles, or other explosives, or recover and render harmless, by disarming or demolition, explosives that have failed to function as intended or which have become a potential hazard.
- (b) Participate as students or instructors in instructional training, including that in the field or fleet, for duties described in paragraph (1) above, provided that live explosives are used in such training.
- (c) Participate in proficiency training, including that in the field or fleet, for maintenance of skill in the duties described in paragraph (1) above, provided that live explosives are used in such training; or
- (d) Experiment with or develop tools, equipment, or procedures for the demolition and rendering harmless of explosives, provided that live explosives are used.

c. Procedures.

- (1) Competent orders will, upon request by authorized approving authority, be published by S-1s and submitted to DMPO on a UTL. Demolition order's additional instruction must have a statement that the Soldier is school trained and/or certified Demolition Specialist and working in an EOD duty position IAW unit MTOE.
- (2) Termination of demolition duty incentive pay is automatic upon a Soldier departing the command or PCSing.
- (3) Local commanders are responsible for ensuring that the DMPO is informed when a Soldier fails to perform the monthly demolition duty required for entitlement to the incentive pay.
- (4) Local commanders are required to review/certify Demolition Pay Reports annually by May 1st.

5-4 PARACHUTE (JUMP) PAY

a. General. Qualified members are those who have received a designation as a parachutist or parachute rigger, or are undergoing training for such designations; that are required by competent orders to engage in parachute jumping from an aircraft in aerial flight, and who meet the minimum performance requirements. Unit Commanders are responsible to manage their Soldier's eligibility for entitlement. Units must take action to terminate pay for Soldiers that have not met the requirement IAW Army Regulations.

b. Jump Requirements.

- (1) Qualifying jumps for entitlement to parachute pay shall be performed during a period of duty requiring parachute jumping as established by competent orders.
- (2) Parachute jumps performed under the following circumstances do not qualify a member for entitlement to parachute pay:

- (a) Parachute jumps performed by any Soldier while on leave or during PCS or TDY/TAD status not requiring parachute jumping as an essential part of the duty.
- (b) Parachute jumps performed by a member of a Reserve Component while on ADT that does not require parachute jumping as an essential part of the duty.

c. Procedures.

- (1) Competent orders will, upon request by authorized approving authority, be published by the S-1/S-1 and submitted to the DMPO on a UTL.
- (2) Jump Pay will continue until orders are received to terminate jump status or upon PCS.
- (3) The DMPO must be notified by memorandum of the Soldiers who did not meet the requirements for Jump pay for any month.
- (4) Local commanders are required to review/certify Jump Pay Reports annually by May 1st.

5-5 FOREIGN LANGUAGE PROFICIENCY BONUS (FLPB)

a. General. FLPB is paid to an officer or enlisted member that has been certified by the Secretary of the Military Service concerned within the past 12 months to be proficient in a foreign language, and who meets one of the following conditions, may be paid foreign language proficiency pay:

- (1) Be qualified in a career military linguist specialty (career linguist).
- (2) Have received training under regulations prescribed by the Secretary of the Military Department concerned designated to develop such proficiency.
- (3) Be assigned to military duties requiring such proficiency.
- (4) Be proficient in a foreign language for which the Secretary of the Military Service concerned has identified a critical need.

NOTE: For specific guidance regarding the FLPB refer to AR 11-6

b. Amount of Payment.

- (1) The monthly rate shall not exceed \$500 per month for a single language, or \$1,000 per month for any combination of languages.
- (2) FLPB is an item of pay subject to federal withholding tax, but not subject to FICA.

c. Annual Certification

- (1) The Secretary of the Military Service has designated that members must recertify annually to ensure that they meet the required level of proficiency for the foreign language skills that they receive pay for.
- (2) If a Soldier is assigned OCONUS where testing facility is not available, the Soldier's commander can recertify the Soldier's current proficiency on DA FORM 4187. The commander's recertification statement is in AR 11-6, and the exact statement must be stated on the DA FORM 4187. Using the DA FORM 4187 in lieu of DA 330, order issuing authority will issue FLPB order. **(See Figure 5A)**

d. Dominant Languages

- (1) Dominant languages are listed in Army Strategic Language Listing (ASLL) Memorandums that are published by Department of the Army, Office of Deputy Chief of Staff, G2. In order for a Soldier to be authorized FLPB for a dominant language, at least one of the following conditions must be met:
 - (a) Must have military occupational specialties (MOS) or career management field (CMF) listed in AR 6-11, para 4-4.
 - (b) The dominant language is the Soldier's Control Language (CLANG).
 - (c) The Soldier occupies a language billet coded for a dominant language on their MTOE or TDA and is DMOSQ
 - (d) Soldiers who are attending or instructing at PME or equivalent courses, other than initial training, conducted in a dominant language
- (2) CLANG - The order issuing authority must contact the Soldier's career branch manager to verify CLANG before issuing FLPB order.
- (3) Billeted Position - The unit must ensure the Soldier is assigned to a language billeted position.
- (4) The Soldier's DA 330 and FLPB order must indicate the Soldier's MOS and CLANG, or order must show that the Soldier is assigned to a language billeted position. **(See Figure 5B)**

e. Monthly Verification Requirement.

- (1) FLPB payments must be verified by unit commander monthly.
- (2) DMPO will send units a verification memo for all Soldiers receiving FLPB monthly with a suspense date of the 10th day of the following month.
- (3) Upon receipt of the memo, commander or designated personnel must certify that the Soldiers receiving FLPB on the UCFR are still authorized FLPB.
- (4) If a Soldier on the list is no longer authorized FLPB, annotate a stop date and reason for the termination of FLPB.



DEPARTMENT OF THE ARMY
123 Cavalry Brigade, 123 Cavalry Division
BLDG 123 Battalion Avenue, Fort Hood, Texas 76544

REPLY TO
ATTENTION OF:

ORDERS 060-001 {Julian Date – 001}

1 March 2014

Smith, John C., 123-45-6789, MAJ, 123 Cavalry Brigade, 123 Cavalry Division, Fort Hood, Texas
76544

Proficiency pay is awarded, changed, terminated, or reinstated as shown:

Action: Awarded Foreign Language Proficiency Bonus (FLPB) **Payment List B, Swahili (SW),**
Rating (x/x), Payment Level Amount (\$xxx.00)

Authority: AR 11-6 8 FEB 2016; DA G2 Memo dated 20 June 2016.

Effective Date: 16 JUL 2017 {Effective is the latest evaluation date on DA330 col. 11}

Termination Date: 21 DEC 2017 {Termination date one day less than evaluation date, up to one year later}

PMOS: 35P {Include additional characters if this is the Soldiers CLANG}

DMOS: ** {Include DMOS and paragraph/line number of MTOE/TDA Billet IF Soldier is requesting FLPB
for language coded billet.}

Soldiers CLANG: {Include IF this is the Soldiers CLANG ** do not add to additional instructions}

VOCO Date: {Verbal Order of the Commanding Officer same as the Effective date}

Additional Instructions: The commander/supervisor certifies that the recipient can perform his/her linguistic duties in a satisfactory manner and is proficient at a level consistent with the FLPB rate for the previous year. **Deployment Extension period: (dd/mm/yyyy) through (21/JUN/2017) and 180 Day Extension for period (22/JUN/2017) through (21/DEC/2017).** DLPT scores are good for one year after the date of the last test shown on the DA Form 330. You are responsible for maintaining your language proficiency in order to remain eligible for FLPB. Soldiers may test as early as six months prior to annual termination. This FLPB will terminate unless you recertify your eligibility. Total FLPB amount will not exceed \$1,000.00. You are responsible for taking the DLPT as soon as practicable but not later than 180 days after returning from deployment to remain eligible for FLPB.

Format: 330

FOR THE COMMANDER:

JOHN C. DOE
CPT, AG
Brigade Adjutant

DISTRIBUTION:

Installation Personnel Services Center, ATTN: Records (1)
CDR, 123 Cavalry Brigade ATTN: S1 (1)
Soldier, MAJ Smith, John C 123-45-6789 (1)
Defense Military Pay Office (DMPO) (1)

FIGURE 5A

(DEPLOYMENT and 180 EXTENSION ORDER)



DEPARTMENT OF THE ARMY
123 Cavalry Brigade, 123 Cavalry Division
BLDG 123 Battalion Avenue, Fort Hood, Texas 76544

REPLY TO
ATTENTION OF:

ORDERS 001-001 {Julian Date – SEQ# 001}

1 January 2016

Smith, John C., 123-45-6789, MAJ, 123 Cavalry Brigade, 123 Cavalry Division, Fort Hood, Texas 76544

Proficiency pay is awarded, changed, terminated, or reinstated as shown:

Action: Awarded Foreign Language Proficiency Bonus (FLPB) *Payment List B, Swahili (SW), Rating (x/x), Payment Level Amount (\$200.00).*

Authority: AR 11-6 8 FEB 2016; DA G2 Memo dated 20 June 2016

Effective date: 23 December 2013 {*Effective is the latest evaluation date on DA330 col. 11*}

VOCO Date: {*Verbal Order of the Commanding Officer same as the Effective date*}

Termination Date: 22 December 2014 {*Termination date one day less than evaluation date*}

PMOS: 90A {*Include additional characters if this is the Soldiers MOS - CLANG*}

DMOS: ** {*Include DMOS and paragraph/line number of MTOE/TDA Billet IF Soldier is requesting FLPB for language coded billet.*}

Soldiers CLANG: {*Include IF this is the Soldiers CLANG ** do not add to additional instructions*}

Additional Instructions: *MOS ##A* is a non-language dependent MOS. Soldiers, regardless of MOS are eligible for FLPB payments as long as they meet eligibility criteria in para 4-2, AR 11-6 and DA G2 Memo dated 20 June 2016, New Language List. Soldier must have a minimum qualifying score/rating of 2/2 proficiency for any language on the Army's payment list A or B. Non-language dependent Soldiers will be paid FLPB depending on which payment list his/her language is listed. Soldiers are responsible for ensuring that their test scores remain current and that their test results are posted to their personnel records; (ORB) for Officers and (ERB) for Enlisted. DLPT scores are good for one year after the date of the last test shown on the DA Form 330. You are responsible for maintaining your language proficiency in order to remain eligible for FLPB. **If you receive PCS orders you are required to Out-process the DMPO Finance Bldg 36000 room 4218 with a copy of your PCS orders.** Soldiers may test as early as six months prior to annual termination. This FLPB will terminate unless you recertify your eligibility. Total FLPB amount will not exceed \$1,000.00. You are responsible for taking the DLPT as soon as practicable but not later than 180 days after returning from deployment to remain eligible for FLPB.

Format: 330

FOR THE COMMANDER:

JOHN C. DOE
CPT, AG
Brigade Adjutant

DISTRIBUTION:

Installation Personnel Services Center, ATTN: Records (1)
CDR, 123 Cavalry Brigade ATTN: S1 (1)
Soldier, MAJ Smith, John C 123-45-6789 (1)
Defense Military Pay Office (DMPO) (1)

FIGURE 5B

(FLPB Order)

5-6 HARSHIP DUTY PAY (HDP)

a. General. HDP, formerly Foreign Duty Pay, is payable to members performing duty designated by the Secretary of Defense as hardship duty. Eligible members will receive HDP when performing specific missions or when assigned to designated locations. This is an item of pay subject to federal withholding tax, but not subject to FICA.

- (1) Hardship Duty Pay for Mission Assignment (HDP-M) is payable to member, both officer and enlisted, for performing designated hardship missions.
- (2) Hardship Duty Pay for Location (HDP-L) is payable to both officer and enlisted members for either permanent change of station duty or temporary / deployed / attached duty of over 30 days duration in specified locations

b. Amount of Payment.

- (1) Mission Assignment Rates. Hardship Duty Pay-M is payable to all members at the rate of \$150.00 per month regardless of pay grade.
- (2) Location Assignment Rates. Hardship Duty Pay-L is payable to all members, regardless of pay grade, will be determined by the location and the status of that location. The current rates are \$50.00, \$100.00, or \$150.00 per month depending on the location.

5-7 HOSTILE FIRE (HFP) / IMMINENT DANGER PAY (IDP)

a. General. A member may be paid the entire monthly amount of special pay for duty served in a hostile fire or imminent danger area (hereinafter referred to as HFP/IDP as follows, for any month during any part of which the member is entitled to Basic Pay.

- (1) HFP This entitlement is payable when, as certified by the appropriate commander, a member is:
 - (a) Subjected to hostile fire or explosion of a hostile mine, or
 - (b) On duty in an area in close proximity to a hostile fire incident and the member is in danger of being exposed to the same dangers actually experienced by other Service members subjected to hostile fire or explosion of hostile mines, or
 - (c) Killed, injured, or wounded by hostile fire, explosion of a hostile mine, or any other hostile action.
- (2) IDP This entitlement is payable when a member is on official duty in a designated IDP area.

b. Payment. HFP or IDP is in addition to all other pays or allowances. Service members will receive \$7.50 for each day they are on official duty in an IDP area up to the maximum monthly rate of \$225. The monthly rate is paid to members who serve an entire calendar month in an HFP or IDP. Service members that serve less than a calendar month in HFP or IDP areas, their payment will be prorated upon how many days they served and paid by daily rate of \$7.50.

c. Procedures:

- (1) If it was not automatically started when service member processed at location, to start HFP, submit a DA form 4187 and the TDY/TCS order to start HFP after the Soldier is "boots on the ground". Units on TCS orders are processed by the downrange military pay support offices. The unit must verify that the Soldier is in country before submitting the documents. If a Soldier is on TDY, the unit may wait till the Soldier returns to claim a one-time HFP payment.
- (2) To claim for onetime payment after the Soldier returns, submit to finance through the unit on a UTL: DA 4187, TDY order and Advice of pay from paid Travel voucher or paid DTS printouts showing the travel itinerary.
- (3) To STOP HFP submit DA 4187 through the unit on a UTL. See paragraph, 11-1b of this handbook for more detailed information.

CHAPTER 6 MISCELLANEOUS PAYMENTS

6-1 LOCAL PAYMENTS

a. General.

- (1) A local payment (Casual or Partial Pay) is an advance of funds, normally pending credit of an entitlement.
- (2) The maximum local payment that may be paid will be the lesser of:
 - (a) The amount requested.
 - (b) The amount of accrued pay and allowances to date of payment.
 - (c) An amount that would assure a sufficient balance at the end of the month to satisfy all allotments and other collections.
- (3) Normally, entitlements accrued but not paid during the prior pay period will reflect on the next LES. Under certain circumstances, if the entitlement is not credited on the next LES the Soldier's commander may request a local payment of the amount due once the DMPO makes input to update the Soldier's MMPA with the entitlement. Payments are reviewed by the DMPO Supervisors and Certifiers and are subject to approval on a case by case basis. Approval of any and all payments are done at the DMPO level not with the unit. These procedures also apply to non-receipt of payments and erroneous collections.

b. Policy Provisions.

- (1) Local payments are authorized when a Soldier is due an entitlement but it is not yet reflected on his/her LES and will credit on the next available direct deposit.
- (2) Health and Comfort payments are emergency payments, which may be made to Soldiers in a No Pay Due status. Normally single Soldiers receive \$100.00 and Soldiers with family members receive \$200.00. These payments will result in a onetime collection of the amount paid from the Soldier's next scheduled pay regardless of the reason for the No Pay Due.
- (3) Examples of conditions which do not warrant a local payment are as follows:
 - (a) Payment of commercial bills.
 - (b) Ordinary leaves and passes.
 - (c) Normal household living expenses.
- (4) Collections of Casual Payments will result in reduction of the Soldier's next scheduled pay. The Soldier should be advised that a Local Payment will be automatically collected in full from the next scheduled paycheck. Consequently, the Soldier should expect and be prepared to receive less than the usual pay with no additional payments authorized.

- c. Payment Procedures.** When authorized, a local payment will be requested on a DA Form 2142 (Pay Inquiry) signed by the Soldier's Commander or authorized designee. The DA Form 2142 (**Figure 10B**) will be submitted to the DMPO, Customer Service Section Mailbox at:

dfas.riley.jfl.mbx.dmpo-riley-pay-inquiry@mail.mil, for processing. The payment will be sent by electronic fund transfer to the Soldier's current direct deposit account.

6-2 ADVANCE of PAY (AP)

- a. General.** The purpose of an AP is to provide funds to a Soldier to cover extraordinary expenses incident to a government-ordered relocation. AR 37-104-4, Chapter 15 governs these types of payments. It is intended to assist with the out-of-pocket expenses, not typical of day-to-day Military living. These expenses normally precede or exceed reimbursements due a Soldier for a change of duty locations.
- (1) An AP shall not be authorized for the specific out-of-pocket expenses covered by advances of other allowances and entitlements, such as travel allowances and per diem, dislocation allowance (DLA), and BAH.
 - (2) The approving official for the AP request has a responsibility to counsel the Soldier on the purpose of the AP to ensure that there is a definite need for it.
 - (3) The Military Pay Supervisor, Officer and/or Certifier have the responsibility to ensure that the provisions of the law are strictly observed. The Pay Officer and Certifier are not required to make payment merely on the justification and evidence presented by the Soldier. If the facts do not justify payment, a reasonable explanation or the submission of further evidence may be required. The Military Pay Supervisor, Officer and/or Certifier must use good judgment as to written justification, and evidence on which payment is made since payment is made at the financial risk of the account holder.
- b. Policies and Procedures.**
- (1) APs will not normally be paid earlier than 30 days prior to the departure date from the old duty station and more than 60 days after arrival at the gaining station. The 30 days may be extended, not to exceed, 90 days prior to departure from old duty station. The 60 days may be extended, not to exceed, 180 days arrival to new PDS, only when justification is presented.
 - (2) In special cases, when the normal 30/60-day limit is exceeded, the unit commander must provide a memorandum to justify the extenuating circumstances of that Soldier.
 - (3) All single Soldiers must have itemized expenses for all AP.

- (4) Soldiers in grade of E1 – E3 are authorized only 1 month AP and must have approval by their commander and provide a written justification to receive an AP. The Soldier must submit a DA Form 2560 with a copy of their current PCS orders to DMPO to request for AP.
- (5) Soldiers in the grade of E-4 and above do not require their commanders' approval to receive an AP of 1 month; however, they must complete and submit a DA Form 2560 with a copy of their current PCS orders. **See Figure 6A.**
- (6) A Soldier may be paid a maximum 3 months AP (calculated by using Basic Pay less deduction), however, no Soldier will be authorized over 2 months AP in one payment.
- (7) All Soldiers regardless of grade must have the commander's approval when more than 1 month AP is requested. Full justification must be given on the DA Form 2560 prior to a Soldier receiving an amount in excess of 1 month's Basic Pay less deductions. The Soldier must itemize expenses to justify the purpose of the money. The DA Form 2560 must be signed by the commander or above. The justification will be reviewed and approved by the DMPO.
- (8) Collection of the advance pay will normally be prorated for a 12-month period. Under certain circumstances an AP can be prorated for more than 12 months not to exceed 24-month when warranted. Full justification must be given on the DA Form 2560 and it must be signed by the commander or above.
- (9) Payment procedures: AP's can be sent on UTL to the Customer Service Mailbox at: dfas.riley.jfl.mbx.dmpo-riley-pay-inquiry@mail.mil, for processing.
- (10) Payments for approved APs will be made within five workdays of receipt of the request through EFT to the Soldier's bank account.

Note: Soldiers need to see their S-1/Commander WITHIN 30 days prior to departure and submit their request for an AP at a minimum of 15 business days prior to departure date. After reporting to new station, NLT 180 days after arrival to submit their request for an AP.

FIGURE 6A

| ADVANCE PAY CERTIFICATION / AUTHORIZATION | | | |
|--|--|--|---|
| <u>Privacy Act Statement</u> | | | |
| <u>AUTHORITY:</u> | 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN). | | |
| <u>PRINCIPAL PURPOSES:</u> | To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules. | | |
| <u>ROUTINE USES:</u> | Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients of JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes. | | |
| <u>DISCLOSURE:</u> | Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes. | | |
| PART I. REQUEST | | | |
| 1. NAME (Last, First, Middle Initial) DOE, JOHN J. | 2. SOCIAL SECURITY NO. 123-45-6789 | 3. GRADE E4 | |
| 4. I REQUEST: | 5. I REQUEST A REPAYMENT SCHEDULE OF: | | 6. I REQUEST PAYMENT OF THE ADVANCE PAY: |
| <input checked="" type="checkbox"/> a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse.) | <input checked="" type="checkbox"/> a. 12 MONTHS OR LESS (Specify number of months) | | <input checked="" type="checkbox"/> a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS |
| <input type="checkbox"/> b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (Parts II and V must be completed.) (Specify amount) \$ | <input type="checkbox"/> b. 13 - 24 MONTHS (Parts II and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months) | | <input type="checkbox"/> b. 31-90 DAYS BEFORE MY PCS (Parts II and V must be completed.) <input type="checkbox"/> c. 61-180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed.) |
| PART II. CERTIFICATION OF EXPENSES (Actual or Anticipated) (Continue in Item 23 on reverse if necessary.) | | | |
| 7. EXPENSE | 8. AMOUNT | 10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY (Up to 90 days before and 180 days after). | |
| a. NO CERT. REQUIRED ON FIRST | \$ | | |
| b. ADVANCE PAY | \$ | | |
| c. | \$ | | |
| d. | \$ | | |
| e. | \$ | | |
| f. | \$ | | |
| 9. TOTAL | \$ | | |
| PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK (Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months) | | | |
| 11. NO. OF DEPENDENTS 2 | 12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD (Continue in Item 23 on reverse if necessary.) | | |
| PART IV. MEMBER CERTIFICATION | | | |
| Penalty: The penalty for willfully making a false claim/statement is a maximum of \$10,000 or maximum imprisonment of five years, or both (U.S. Code, Title 18, Section 287). | | | |
| If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me. | | | |
| I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification. | | | |
| 13. SIGNATURE SOLDIER'S SIGNATURE | | | 14. DATE (YYMMDD) 030123 |
| PART V. APPROVAL OF MEMBER'S COMMANDER | | | |
| 15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF: | 16. WITH LIQUIDATION OVER: | 17. AND PAYMENT OF THE ADVANCE: | |
| <input checked="" type="checkbox"/> a. ONE MONTH BASIC PAY LESS DEDUCTIONS | <input checked="" type="checkbox"/> a. 12 MONTHS OR LESS (Specify number of months) | <input checked="" type="checkbox"/> a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING AT PDS | |
| <input type="checkbox"/> b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (Specify amount) \$ | <input type="checkbox"/> b. 13 - 24 MONTHS (Specify number of months) | <input type="checkbox"/> b. NOT PRIOR TO _____ (date) WHICH IS 31-90 DAYS BEFORE PCS | |
| | | <input type="checkbox"/> c. 61-180 DAYS AFTER REPORTING TO NEW PDS | |
| 18. APPROVING OFFICIAL NAME (Last, First, Middle Initial) COMMANDER'S NAME | 19. SIGNATURE OF OFFICIAL | | |
| 20. TITLE COMMANDER | 21. GRADE O3 | 22. DATE (YYMMDD) 030123 | |

CHAPTER 7

PROMOTIONS AND REDUCTIONS

7-1 GENERAL. The DMPO is no longer responsible for making routine input for pay grade changes. This input is now made through e-MILPO personnel system. Once a promotion is made through e-MILPO, it will interface and automatically update the Soldier's MMPA and pay the Soldier at the new rate.

7-2 DMPO INVOLVEMENT

a. Promotions. Only in cases where the personnel input does not interface should the S-1 submit a grade change promotion to the DMPO. An example that may require DMPO interventions is as follows:

(1) Any promotion that is reflected in TAPDB (Total Army Personnel Data Base) and E-MILPO, but not reflected/rejects in DJMS, the S-1 provides a copy of the DA Form 4187, promotion orders, and a copy of MS 51. It should show that TAPDB and E-MILPO have been updated. If these two systems have not been updated, then the DMPO will not make the promotion input.

(2) Promotions for AGR Soldiers will be processed by the DMPO since there is no interface between the AGR personnel database and DJMS.

b. Reductions. The same procedure as promotions is followed for reductions. If the interface does not happen, the S-1 submits the Article 15, reduction order, etc., and the **MS-51** for DMPO resolution. Additionally, if a Soldier make inquiries about an incorrect effective date of a processed grade change, no corrective transaction input should be submitted by the DMPO. The Soldier is referred to the S-1/S-1 for any required corrective action.

CHAPTER 8

ALLOTMENTS

8-1 GENERAL

Soldiers are authorized no more than six (6) discretionary allotments. Soldiers may only send one (1) discretionary allotment to any given allottee. Allotments shall be sent by Direct Deposit/Electronic Fund Transfer (DD/EFT). Voluntary allotments can now be done on the myPay website (<http://myPay.dfas.mil>).

All allotments processed for Soldiers will continue for an indefinite period with the exception of Army Emergency Relief (AER), American Red Cross, Combined Federal Campaign (CFC) contributions, and indebtedness to the US. These allotments must have a specific termination date upon establishment.

8-2 CATEGORIES OF ALLOTMENTS

a. General. All allotments fall into two categories either discretionary or non-discretionary:

b. Discretionary Allotments

- (1) Allotments to Dependents or Relatives: Soldiers may authorize allotments to family members, relatives, or a divorced spouse. This allotment may be authorized by the Soldier or administratively initiated under procedures established by the Military Service concerned. It may be payable to an individual or to a financial organization for credit to the account of the allottee, or a joint account of the allotter and allottee.
- (2) Insurance Allotments: Soldiers may authorize allotments to pay insurance premiums.
- (3) Allotments to Financial Organizations and Investment Firms: Soldiers may authorize allotments of pay to financial organizations for credit to their account. Allotments may be deposited to:
 - (a) A financial organization for credit to a savings, checking, or trust account of the allotter without restricting the use of the funds allotted.
 - (b) A mutual fund company or investment firm.
- (4) Allotment for Payment of Mortgage or Rent: Soldiers may authorize allotments of pay for mortgage or rent to a financial institution, mortgage company, realtor, or to a landlord.
- (5) Other Allotments: Members may authorize an allotment for payment of car or personal loans.

c. Non-Discretionary Allotments.

(1) Allotment for the Purchase of Savings Bonds:

- (a) The U.S. Department of the Treasury (Treasury) discontinued the purchase of paper savings bonds through federal payroll deduction effective October 1, 2010.
- (b) Soldiers may purchase electronic savings bonds by establishing a personal Treasury Direct account with the U.S. Treasury and then initiating a nondiscretionary allotment made payable to the treasury at their Treasury Direct account.
- (c) Soldiers are authorized one (1) nondiscretionary allotment for the purchase of bonds.
- (d) Soldiers electing to purchase electronic savings bonds will first create a Treasury Direct account at ***www.TreasuryDirect.gov***. This account can be used to purchase multiple bonds.
- (e) Once account is created, Soldiers must either log into My Pay or contact their servicing DMPO to establish an allotment to the Treasury Direct account. The following information is required to initiate the allotment:
 - Routing transit number for Treasury Direct is 051736158
 - Treasury Direct account number provided by the Treasury
 - Specific dollar amount to be deducted monthly.
- (f) Bonds previously purchased by active duty members that are kept in safekeeping will remain in safekeeping as long as the member remains on active duty.
- (g) To request bonds be released from safekeeping, members shall forward either a written request or a signed facsimile request to the applicable supporting DFAS site. This request must include the service member's name, complete SSN, the address where the member would like the bonds to be mailed, a daytime telephone number, and the member's signature.
- (h) Requests may be mailed, faxed, or scanned and emailed to the applicable DFAS site.
 - Center Collection Mailbox
 - 3801 Center Collection
 - P.O. Box 269490
 - Indianapolis, IN 46226-9490
 - Fax: 317-212-4339
 - Email: ARMYBONDSREQUESTS@DFAS.MIL

(2) Charitable Contributions: Soldiers may authorize one allotment each to the charitable organizations, i.e. CFC or AER, etc.

- (3) Allotments for Child Support and Spousal Support: Members may authorize or upon proper notification from a state agency or DFAS, an allotment to support family members, spouses, or ex-spouses may be started.
- (4) Term Allotment: Utilized for repaying loans to AER, Red Cross, or other indebtedness to government agencies.

d. Procedures.

- (1) Submit DD Form 2258 for Allotments. **(See Figure 8A)**
- (2) Effective Dates: The effective date to start, stop, or change an allotment must be given in YYYYMM format for the pay period in which the member would like the allotment to be processed.
 - Start Month of 201104 – The first allotment will come out of the Soldier's April pay.
 - Stop Month of 201104 – The last allotment will come out of the Soldier's April pay.

Note: Allotments will take effect for mid-month pay if the form is processed by the mid-month cut off. However, if it does not make the mid-month cut-off, a start allotment may or may not be processed for End-of-Month (EOM) depending on the Soldier's EOM pay entitlement. For example, a start allotment for \$525 was turned in after the cut-off for mid-month (so the mid-month pay is not affected by the allotment and is the full normal amount), but the member's EOM pay is only \$500. Therefore, DMPO will not process the allotment until following month because there was not enough money earned from the 15th-30th to pay the allotment for the first month.

FIGURE 8A

| AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT | | | |
|--|--|---|---|
| PRIVACY ACT STATEMENT | | | |
| AUTHORITY: 37 U.S.C., E.O. 9397. | | | |
| PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires. | | | |
| ROUTINE USES: Information may be released to computer service centers and other accounting services when such centers and services act as authorized agents of organizations specified by the member to receive allotments. Disclosure may be made to the Federal Reserve System when payment of allotment is made through the electronic fund transfer system to financial organizations. Records may also be disclosed to Congress; allottees, Secret Service; General Accounting Office, Federal, State and local courts; U.S. Treasury; and to the Department of Justice, in some cases for prosecution, civil litigation, or for investigative purposes. | | | |
| DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the SSN may result in the member not being able to start, change, or stop allotments. | | | |
| TO BE COMPLETED BY ALLOTTER | | | |
| 1. BRANCH OF SERVICE (X one) <input checked="" type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY | 2. NAME OF ALLOTTER (Last, First, Middle Initial) <i>(Print or type)</i> DOE, JOHN, J. | 3. SSN 123-45-6789 | 4. PAY GRADE E5 |
| 5. ADDRESS OF ALLOTTER (Street or Box Number, City, State, ZIP Code) MILITARY MEMBER'S ADDRESS | 6. DAYTIME TELEPHONE NUMBER (Include Area Code) DSN# | 7. EFFECTIVE DATE (YYYYMM) 200301 | 8. MONTHLY AMOUNT OF ALLOTMENT \$0.00 |
| 9. NAME OF ALLOTTEE (First, Middle Initial, Last) NAME OF INSTITUTION/PERSON REC'G ALLOT. | 10. ALLOTMENT ACTION (X one) <input checked="" type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE | | 11. TERM IN MONTHS N/A |
| 12. CREDIT LINE (If applicable) | 13. ALLOTMENT CLASS AUTHORIZED (X one) <input type="checkbox"/> C - CHARITY/CFC <input checked="" type="checkbox"/> D - DISCRETIONARY ALLOTMENTS <i>(Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2))</i> <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION <i>(Red Cross, Relief Society, etc. - Navy and Marine Corps only)</i> <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> - OTHER <i>(Specify)</i> | | |
| 14. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, ZIP Code) ADDRESS OF #9 ABOVE | 15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country) | | |
| 16. REMARKS | 17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER COMPANY CODE/ROUTING NUMBER OF ORGANIZATION (9 DIGITS NORMALLY) | | |
| 18. ACCOUNT NUMBER/POLICY NUMBER ACCOUNT NUMBER | | 19. TOTAL CLASS L AMOUNT \$ | 20. TOTAL CLASS T AMOUNT \$ |
| STATEMENT OF UNDERSTANDING | | | |
| I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for: - Ensuring that the information is correct; - Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee; - Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid; - Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records. | | | |
| I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number. | | | |
| 21. SIGNATURE OF ALLOTTER SIGNATURE OF MILITARY MEMBER (REQUIRED) | | | 22. DATE (YYYYMMDD) 20030111 |
| NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed. NOTE 2. This is a voluntary allotment and can be to any payee you desire. | | | |

CHAPTER 9

PAY OPTIONS

9-1 GENERAL

The only method of pay for all Soldiers is Direct Deposit which is defined as the direct deposit of a Soldier's paycheck into his/her bank account by Electronic Funds Transfer (EFT). Direct Deposit will ensure funds will be in the bank on payday, even during periods where the Soldier is deployed, on PCS, TDY, leave, or hospitalized. Soldiers who change their direct deposit account or bank should keep the old account open until the first deposit has been made to the new account. This will ensure the Soldier has access to his/her money even if the new account update is delayed.

9-2 POLICIES / PROCEDURES

- a. All Soldiers may elect payment once or twice a month. A Soldier electing payment once a month will be paid on the first of each month. A Soldier who elects payment twice a month will be paid on the first and the fifteenth of the month (when twice a month option is elected, one half the Soldier's total monthly net pay will be paid each payday).
- b. Pay days may fluctuate due to weekends and Federal holidays. When the scheduled payday falls on one of these days, it is automatically moved back to the last business day preceding that day.
- c. Soldiers are strongly discouraged from designating a savings account as their Direct Deposit account. In the event of a deployment, Direct Deposit to a savings account would not allow the Soldier to pay his/her bills. The only exception would be if the Soldier was married and the savings account was a joint account.
- d. Soldiers may change direct deposit account or bank information via myPay. The DA Form 3685-R is the only document authorized to initiate or change pay option. In addition, a SF 1199A or FMS 2231 is required for Direct Deposit. (**See Figures 9A, 9B and (C.)**)
- e. The DA Form 3685-R and SF 1199A/ FMS 2231 will be submitted to the DMPO on UTL by the S-1.

FIGURE 9A

| JUMPS - JSS PAY ELECTIONS <small>For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)</small> | | | | |
|--|--|---|---|------------------------------------|
| PRIVACY ACT STATEMENT | | | | |
| Authority: Title 37 USC, Section 101. Principal Purpose: To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances. Routine Use: To establish the pay account of the MMPF. Disclosure: Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action. | | | | |
| 1. HOW DO YOU WANT TO BE PAID? (X one item.) | | 2. METHOD OF PAYMENT (X one item.) | | |
| <input type="checkbox"/> a. Once a Month | | <input checked="" type="checkbox"/> a. Sure Pay/Direct Deposit (Complete Section 4.) | | |
| <input checked="" type="checkbox"/> b. Twice a Month | | <input type="checkbox"/> b. Check to Address (Complete 5.) | | |
| 3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.) | | | | b. SPECIFY AMOUNT \$ |
| <input type="checkbox"/> a. If a held pay amount is also desired, check box and enter amount. | | | | |
| 4. SURE PAY/DIRECT DEPOSIT (X one box.) | | | | |
| <input checked="" type="checkbox"/> a. SF 1199A attached (Complete items (1) through (5)). | | <input type="checkbox"/> b. SF 1199A on file. (Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution) (Do not complete items (1) through (5)). | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (1) NAME OF FINANCIAL ORGANIZATION NAME OF BANK </div> <div style="width: 45%;"> (3) NAME OF ACCOUNT HOLDER JOHN A. DOE </div> </div> | | | | |
| (2) SAVINGS OR CHECKING ACCOUNT NO CHECKING 00112233 | | (5) CITY, STATE, ZIP CODE (Or Country) CITY, STATE OF BANK | | |
| (4) STREET NO., RR NO., P.O. BOX STREET ADDRESS OF BANK | | | | |
| 5. CHECK TO ADDRESS (Provide complete mailing address.) | | | | |
| a. STREET NO., RR NO., P.O. BOX | | | | |
| b. CITY | | c. STATE | d. ZIP CODE | e. COUNTRY |
| 6. REMARKS | | | | |
| 7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE | | | | |
| a. TYPED OR PRINTED NAME DOE, JOHN A. | | | e. NAME AND ADDRESS OF ORGANIZATION YOUR UNIT FORT POLK, LA 71459 | |
| b. SSN 123-45-6789 | | | | |
| c. SIGNATURE SIGNATURE OF MILITARY MEMBER (REQUIRED) | | d. DATE TODAY | | |

Figure 9B

Standard Form 1199A
(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| | | | | | | | | | | | | | | | | | |
|--|---------------|---|---|-------------|---------------|------------------------------|-------|-----------|------|---|---|--|--|--|--|--|--|
| A NAME OF PAYEE <i>(last, first, middle initial)</i> DOE, JOHN A. | | D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | | | | | | | | | | | | | | |
| ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i> SOLDIER'S ADDRESS | | E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table> | | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | | | | | | |
| 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | | | | | | | | | | |
| CITY STATE ZIP CODE | | F TYPE OF PAYMENT <i>(Check only one)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension </div> <div style="width: 45%;"> <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input checked="" type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other _____ <i>(specify)</i> </div> </div> | | | | | | | | | | | | | | | |
| B NAME OF PERSON(S) ENTITLED TO PAYMENT YOUR NAME | | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i> <table style="width: 100%;"> <tr> <td style="width: 60%;">TYPE</td> <td style="width: 40%;">AMOUNT</td> </tr> </table> | | TYPE | AMOUNT | | | | | | | | | | | | |
| TYPE | AMOUNT | | | | | | | | | | | | | | | | |
| C CLAIM OR PAYROLL ID NUMBER <div style="display: flex; justify-content: space-between;"> Prefix SSN# Suffix </div> | | JOINT ACCOUNT HOLDERS' CERTIFICATION <i>(optional)</i> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. | | | | | | | | | | | | | | | |
| PAYEE JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. | | <table style="width: 100%;"> <tr> <td style="width: 50%;">SIGNATURE</td> <td style="width: 50%;">DATE</td> </tr> <tr> <td>SIGNATURE OF MILITARY MEMBER</td> <td>TODAY</td> </tr> <tr> <td>SIGNATURE</td> <td>DATE</td> </tr> </table> | | SIGNATURE | DATE | SIGNATURE OF MILITARY MEMBER | TODAY | SIGNATURE | DATE | | | | | | | | |
| SIGNATURE | DATE | | | | | | | | | | | | | | | | |
| SIGNATURE OF MILITARY MEMBER | TODAY | | | | | | | | | | | | | | | | |
| SIGNATURE | DATE | | | | | | | | | | | | | | | | |

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

| | |
|-------------------------------|----------------------------------|
| GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS |
|-------------------------------|----------------------------------|

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | | | | | | | | | | | | |
|---|-----------------------------|--|------|--|--|--|--|--|--|--|--|--|--|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION FILLED OUT BY THE BANK | | ROUTING NUMBER CHECK DIGIT <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. | | DEPOSITOR ACCOUNT TITLE | | | | | | | | | | | |
| PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE | | | | | | | | | | |

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-204
USAPA V2.00

Figure 9C

| FAST START DIRECT DEPOSIT | | | |
|---|---|--|---|
| INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS | | | |
| <i>Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.</i> | | | |
| 1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input style="width: 150px;" type="text"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> EMPLOYEE NAME (as on payroll records) <input style="width: 250px;" type="text"/> (Last, First, Initials) </div> <div style="width: 50%;"> TELEPHONE NUMBER (WORK) <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> </div> <div style="width: 50%;"> (HOME) <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> </div> </div> | | | |
| 2. TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings TYPE OF PAYMENT <input type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments | 3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ROUTING TRANSIT NUMBER <input style="width: 100px;" type="text"/> </div> <div style="width: 5%; text-align: center;"> <input type="checkbox"/> Check Digit </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ACCOUNT NUMBER <input style="width: 150px;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ACCOUNT TITLE <input style="width: 350px;" type="text"/> (Account Holder's Name) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FINANCIAL INSTITUTION NAME <input style="width: 350px;" type="text"/> </div> </div> | | |
| 4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form. | | | |
| TYPE OF ALLOTMENT (Check One) <input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party | TYPE OF ACCOUNT (Check One) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING | ACTION (Check One) <input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE | AMOUNT (Check One) <input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ <input style="width: 100px;" type="text"/> |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ALLOTTEE NAME (person/company who will receive allotment) <input style="width: 300px;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ALLOTTEE'S ROUTING NUMBER <input style="width: 100px;" type="text"/> </div> <div style="width: 5%; text-align: center;"> <input type="checkbox"/> Check Digit </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ALLOTTEE'S ACCOUNT NUMBER <input style="width: 150px;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ALLOTTEE'S ACCOUNT TITLE <input style="width: 350px;" type="text"/> (Account Holder's Name) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FINANCIAL INSTITUTION NAME <input style="width: 350px;" type="text"/> </div> </div> | | | |
| 5. AUTHORIZATION <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> * <input style="width: 250px;" type="text"/> </div> <div style="width: 35%;"> <input style="width: 100px;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> EMPLOYEE'S SIGNATURE </div> <div style="width: 35%;"> DATE </div> </div> | | | |
| 6. AGENCY USE: | | | |

CHAPTER 10

PAY INQUIRIES

10-1 GENERAL

- a. The pay inquiry system has been designed to give the Soldier an answer to a pay related question or to solve a pay problem expeditiously. The system provides the unit commander with the opportunity to screen all pay problems within the unit, and possibly reduce training time lost to units and alleviate some congestion in the DMPO.
- b. The primary procedure is to submit an pay inquiry (DA 2142) **(See Figure 10A)** and supporting documents on a UTL to:

dfas.riley.jfl.mbx.dmpo-riley-pay-inquiry@mail.mil. **(See Figure 10A)**

Soldiers should come to the DMPO only when the presence of the Soldier is absolutely necessary or requested by the DMPO. BAH changes should always be submitted to the DMPO in person by the Soldier.

10-2 RESPONSIBILITIES

a. Unit Commander

- (1) Monitor pay support received by their Soldiers and assist individual Soldiers in resolving recurring pay inquiries.
- (2) Review UCFR or LES to ensure pay inquiries have been resolved.
- (3) When deemed necessary, request DMPO assistance in getting training for the unit or S-1 personnel on Unit Pay Reports generated/distributed by the DMPO.
- (4) All requests for payment to Soldiers **must** be signed by the Commander.

b. Battalion and/or Brigade S-1s

- (1) Answer questions concerning the Soldier's pay account and handle routine pay actions.
- (2) Assist Soldiers in preparing a DA Form 2142, **(See Figure 10A)**.
- (3) Review DROTs, UCFRs or LESs to determine if pay adjustments have been processed.

c. DMPO

- (1) Answer inquiries and take corrective action when necessary and supported by valid documents within five business days.

- (2) Complete DMPO portion of the DA Form 2142 and return a copy to the unit.
- (3) Upon request, provide unit S-1 additional training.

10-3 PROCEDURES

- a. S-1s will make every attempt to answer pay inquiries and handle routine pay actions at the unit level so as to return the Soldier to duty as soon as possible.
- b. If the S-1 cannot answer the inquiry, they will assist the Soldier in preparing a DA Form 2142. After the inquiry is prepared, the S-1/S-1 will:
 - (1) When completing DA Form 2142, be sure to put the Soldier's and S-1s contact phone number in case the DMPO needs to contact the Soldier for more detail information. **For payment request (i.e. local pay, advance pay) the DA Form 2142 must include typed/legibly written Commander's signature block and Commander's signature.**
- c. Send the inquiry to DMPO on a UTL to:
dfas.riley.jfl.mbx.dmpo-riley-pay-inquiry@mail.mil
Pay inquiries should be submitted on a UTL, separate from other pay related documents.
 - (3) The DMPO Customer Service Section will screen each inquiry, answer the inquiry and ensure that proper adjustment (when deemed necessary) is made to the Soldier's pay account within five business days of receipt of the inquiry.
 - (4) The Customer Service Section will complete Section III of DA Form 2142 and return a copy to the unit or send an email response to the Soldier and S-1.
 - (5) If an email response is received, print the email message and attach it to the Soldier's DA FORM 2142 for your record.

FIGURE 10A

| | | | |
|--|---|--|-----------------------------|
| PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC. | | BLOCK NUMBER | |
| | | INQUIRY NO. 1ST/2ND | DATE TODAY'S DATE |
| SECTION I (To be completed by soldier) | | | |
| NAME (Last, First, Middle) DOE, JANE E. | SSN 123-45-6789 | GRADE E4 | |
| UNIT YOUR UNIT | | PHONE NUMBER WORK # | |
| NATURE OF PAY INQUIRY (Be specific) NATURE OF THE PROBLEM. EXAMPLE: HAVE NOT RECEIVED BAH. MOVED OUT OF GOVT QUARTER TWO MONTHS AGO. EXAMPLE: RECEIVED A NO PAY DUE FOR THE END OF MONTH DEC. | | | |
| SECTION II (To be completed by Unit Commander) | | | |
| <input type="checkbox"/> 1. Supporting document(s) submitted or will be submitted to finance. | | DATE | TL NUMBER |
| <input type="checkbox"/> 2. Local payment. Soldier has been counseled regarding impact on future pay. My recommendation is to approve/disapprove (cross out the appropriate word) the local payment. | | | |
| <input type="checkbox"/> 3. Other (Specify) | | | |
| Signature of Unit Commander (or soldier as appropriate). SIGNATURE OF COMMANDER WHEN REQUESTING A CASUAL PAY, OTHERWISE PAC | | | DATE TODAY'S DATE |
| SECTION III (To be completed by Finance) | | | |
| PROBLEM | <input type="checkbox"/> Allotment <input type="checkbox"/> Entitlements <input type="checkbox"/> Collection <input type="checkbox"/> Leave <input type="checkbox"/> Non-receipt Check <input type="checkbox"/> Non-receipt LES <input type="checkbox"/> Other (Specify) | | |
| INQUIRY ANALYSIS CAUSE | | | |
| <input type="checkbox"/> 1. Non-receipt of document from Unit Commander. <input type="checkbox"/> 2. Late receipt of document from Unit Commander. <input type="checkbox"/> 3. Document received - Finance did not process. <input type="checkbox"/> 4. Document received and processed but rejected on DJUOL. <input type="checkbox"/> 5. Document received from Unit Commander on time but too late to be processed prior to JUMPS cutoff. <input type="checkbox"/> 6. Problem with prior station. <input type="checkbox"/> 7. USAFAC <input type="checkbox"/> 8. Other (Specify) _____ | | | |
| DESCRIPTION OF CAUSE AND ACTION TAKEN. FINANCE WILL FILL OUT | | | |
| ACTION REQUIRED | | | |
| <input type="checkbox"/> DA Form 3684 <input type="checkbox"/> Local Payment <input type="checkbox"/> Other (Specify) | | INQUIRY EVALUATION <input type="checkbox"/> Valid <input type="checkbox"/> Invalid | |
| DATE APPROVED LOCAL PAYMENT PAID | | SIGNATURE OF PAY CLERK | |

FIGURE 10B

| | | | | | | | | | | | |
|--|---|---|-----------|-------------|---|--|--|--|--|--|--|
| PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC. | | BLOCK NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">INQUIRY NO.</td> <td style="width:50%;">DATE</td> </tr> </table> | | INQUIRY NO. | DATE | | | | | | |
| INQUIRY NO. | DATE | | | | | | | | | | |
| SECTION I (To be completed by soldier) | | | | | | | | | | | |
| NAME (Last, First, Middle) | | SSN | GRADE | | | | | | | | |
| UNIT | | PHONE NUMBER | | | | | | | | | |
| NATURE OF PAY INQUIRY (Be specific) SM Request Casual Pay in the amount of \$ _____ due to: | | | | | | | | | | | |
| SECTION II (To be completed by Unit Commander) | | | | | | | | | | | |
| <input type="checkbox"/> 1. Supporting document(s) submitted or will be submitted to finance. | | DATE | TL NUMBER | | | | | | | | |
| <input type="checkbox"/> 2. Local payment. Soldier has been counseled regarding impact on future pay. My recommendation is to approve/disapprove (cross out the appropriate word) the local payment. | | | | | | | | | | | |
| <input type="checkbox"/> 3. Other (Specify) | | | | | | | | | | | |
| Signature of Unit Commander (or soldier as appropriate). | | | DATE | | | | | | | | |
| SECTION III (To be completed by Finance) | | | | | | | | | | | |
| <table border="0" style="width:100%;"> <tr> <td style="width:25%;">PROBLEM</td> <td style="width:25%;"> <input type="checkbox"/> Allotment <input type="checkbox"/> Entitlements <input type="checkbox"/> Collection <input type="checkbox"/> Leave </td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Non-receipt Check <input type="checkbox"/> Non-receipt LES <input type="checkbox"/> Other (Specify) </td> <td></td> <td></td> </tr> </table> | | | | PROBLEM | <input type="checkbox"/> Allotment <input type="checkbox"/> Entitlements <input type="checkbox"/> Collection <input type="checkbox"/> Leave | | | | <input type="checkbox"/> Non-receipt Check <input type="checkbox"/> Non-receipt LES <input type="checkbox"/> Other (Specify) | | |
| PROBLEM | <input type="checkbox"/> Allotment <input type="checkbox"/> Entitlements <input type="checkbox"/> Collection <input type="checkbox"/> Leave | | | | | | | | | | |
| | <input type="checkbox"/> Non-receipt Check <input type="checkbox"/> Non-receipt LES <input type="checkbox"/> Other (Specify) | | | | | | | | | | |
| INQUIRY ANALYSIS CAUSE | | | | | | | | | | | |
| <input type="checkbox"/> 1. Non-receipt of document from Unit Commander. <input type="checkbox"/> 3. Document received - Finance did not process. <input type="checkbox"/> 5. Document received from Unit Commander on time but too late to be processed prior to JUMPS cutoff. <input type="checkbox"/> 7. USAFAC | | <input type="checkbox"/> 2. Late receipt of document from Unit Commander. <input type="checkbox"/> 4. Document received and processed but rejected on DJUOL. <input type="checkbox"/> 6. Problem with prior station. <input type="checkbox"/> 8. Other (Specify) _____ | | | | | | | | | |
| DESCRIPTION OF CAUSE AND ACTION TAKEN. | | | | | | | | | | | |
| ACTION REQUIRED | | | | | | | | | | | |
| <input type="checkbox"/> DA Form 3684 <input type="checkbox"/> Local Payment <input type="checkbox"/> Other (Specify) | | INQUIRY EVALUATION <input type="checkbox"/> Valid <input type="checkbox"/> Invalid | | | | | | | | | |
| DATE APPROVED LOCAL PAYMENT PAID | | SIGNATURE OF PAY CLERK | | | | | | | | | |

CHAPTER 11

DEPLOYMENTS AND EXERCISES

11-1 ACTIVE COMPONENT

Participation in deployments and field exercises has an impact on a Soldier's pay account. Soldiers and unit commanders must monitor these entitlements when deployment/field exercise commences and when returning from a deployment/field exercise.

a. Deployment to a Hostile Fire Area.

- (1) All members will be entitled to HFP/IDP when applicable.
- (2) All members will be entitled to HDP-L when applicable.
- (3) Soldiers with family to include Soldier married to Soldier may be entitled to FSA.
- (4) All members will be entitled to federal income tax exclusion (only if the location is a qualified as Combat Zone Tax Exclusion area). This only includes federal income tax, not FICA or Medicare. Enlisted members will receive the exemption for the entirety of their pay. Officers will be capped for the tax exemption at the rate of pay for the Sergeant Major of the Army (SMA).
- (5) Special Leave Accrual (SLA) – see chapter 18.
- (6) Combat Zone Leave Tax Credit – When a Soldier takes leave after re-deployment for the leave days earned in a combat zone, taxable wage is exempted for the number of CZ LV days. However, if the Soldier is an officer and used the maximum monthly CZTE while he is in CZ, there is no tax credit for the CZ LV.
- (7) Savings Deposit Program (SDP): Was established to provide members of the uniformed services serving in a designated combat zone the opportunity to build their financial savings. Amounts up to \$10,000.00 may be deposited, earning 10% interest annually. Members must be receiving Hostile Fire Pay and be deployed for at least 30 consecutive days, or 1 day in each of 3 consecutive months in order to participate in the program.
 - (a) Withdrawals: Members may close their SDP accounts only after departing the combat zone. Interest will continue to accrue on the account up to 90 days after departure from the combat zone. Should the 90 day period end on any day other than the last day of a month, interest will accrue through the last day of the preceding month. If the 90-day period ends on the last

day of a month, interest accrues for that month. Members in a combat zone may withdraw accrued interest over the \$10,000.00 principal quarterly. Withdrawals of funds on deposit may be made in an emergency only when the health or welfare of a member or dependents would be jeopardized if the withdrawal were not granted. Emergency withdrawals must be authorized by the members' commanding officer.

- (b) **Withdrawal Procedures:** Withdrawal request may be e-mailed to dfas.cleveland-oh.jfl.mbx.sdp-cle@mail.mil (SDP mailbox), or faxed to (216) 522-5060 "Attention: SDP". Members may submit a withdrawal request on-line using myPay. Additionally, requests can be mailed to the following address:

DFAS- Cleveland Center (DFAS-CL)
ATTN: SDP
Special Claims
1240 East 9th St .
Cleveland, OH 44199-2055

- (c) Members must include name, social security number, and date of departure from the combat zone. Electronic Funds Transfer (EFT) information must include the bank name, routing number, account number, and account type (savings or checking). If a hard copy check is requested, a complete mailing address must also be provided. Make sure that your allotment has stopped before requesting withdrawal.

SDP Help Line:

Toll Free (Stateside Only): 1-888-332-7411 option 4, 2, 2
Commercial: 216-522-5096
DSN: 580-5096
Fax: (Attention SDP): 216-522-5060
E-mail: dfas.cleveland-oh.jfl.mbx.sdp-cle@mail.mil

b. Re-Deployment from a Hostile Fire Area.

- (1) All members should reverse SRP; done at the SRP site (stops/restarts entitlements and deductions).
- (2) All members must complete a DD Form 1351-2 (Travel Voucher) when redeployment is complete. (if applicable)
- (3) Meal deductions should start for enlisted Soldiers in possession of a meal card effective the date of return.
- (4) HFP/IDP will stop on date of departure from CZ.
- (5) HDP-L will stop on the date of departure from CZ.
- (6) FSA will stop a day before arriving home if leave is not taken enroute.

- (7) Federal Income Tax Withholdings will resume the following month after the Soldier departs CZ.
- (8) Here is a short list of things you might want to consider doing to protect your financial interests:
- (a) Retrieving and/or revoking, any powers of attorney
 - (b) Closing out any accounts, specifically for deployment
 - (c) Altering access to your accounts
 - (d) Changing your passwords and PINs
 - (e) Stopping or changing allotments
 - (f) Obtaining a copy of your credit report
- c. **Field Training Exercises:** Unit S-1s/S-1s must submit the necessary paperwork to collect meals during Field Training Exercises and to start FSA when absence is over 30 days. All Soldiers must pay for meals furnished by the government while in the field, normally through the meal deduction process. FSA will only begin on the 31st day of an exercise.

11-2 RESERVE COMPONENT

- a. **Basic Pay.** Reserve components Soldiers' pay will remain on the RC Pay System. Mobilized Soldiers will be paid mid-month and end-of-month.
- b. **BAS.** Soldiers' entitled to BAS will receive the same rate as the AC.
- c. **BAH.** The rate is based on rank, dependency status and home of residence zip code (per orders). Soldiers with residence are entitled to BAH-I (BAQ and VHA). Soldiers paying child support are entitled to BAH-DIFF; if also maintaining a residence, entitled to both BAH-I w/o dependents and BAH-DIFF.
- d. **FSA.** Soldiers' entitled to FSA will receive the same rate as the AC.
- e. **Special Pay.** Must submit copy of order authorizing Special or incentive Pay. Paid at the same rate as AC Soldiers' and prorated for partial months. This action is handled by the Soldier's unit.
- f. **Uniform Allowance.** Officers that have not received more than \$200 of this entitlement within the last 2 years will receive \$200 additional allowance for active duty over 90 days. Enlisted Soldiers may be entitled to the Basic Cash Clothing Replacement Allowance after serving 6 months of active duty. Soldiers cannot have previously received clothing during this Contingency Operation and will not receive

payment until completion of 365 days of duty (prorated if less than 365 days).
(DODFMR Vol 7A, Chap 30)

- g. Per Diem.** Soldiers accrue \$5.00 per day in CONUS and \$3.50 per day in OCONUS for Incidental Expenses. Soldiers also receive per diem based on the Soldiers' TDY/TCS location Command to house, mess and transport mobilized Soldiers.
- h. Hostile Fire Pay and HDP** are the same as AC.
- i. Combat Zone Tax Exclusion:** All Soldiers will be entitled to federal income tax exclusion as long as they are assigned to a designated hostile fire area. Enlisted Soldiers will receive the exemption for the entirety of their pay. Officers will be capped for the tax exemption at the base pay of the Sergeant Major of the Army.
- j. Savings Deposit Program.** Soldiers who elect to participate in the SDP follow the same guidelines as the AC. (See 11-1a. (7) above)
- k. Thrift Savings Program.** Mobilized Soldiers can submit a TSP-U-1, Thrift savings Plan, Election form to the servicing Personnel Office within 60 days of mobilization. You may submit a TSP-U-1 through your unit or use MYPAY.
- l. Allotments.** All Reserve Soldiers remain on the RC Pay System. This means that YOU WILL NOT BE ALLOWED TO START AN ALLOTMENT. The RC Pay System DOES NOT permit input of allotment. It is advised to start an allotment with your financial institution.

CHAPTER 12

COLLECTIONS

12-1 OVERPAYMENT OF ENTITLEMENTS

- a. **General.** Most commonly seen and detected when a Soldier is PCSing from on duty location to another, however, overpayments can occur whenever changes are made to a Soldier's military pay account due (but not limited to) reduction, divorce, redeployment or change in duty status.
- b. **Advance Debt.** After overpayment has occurred, the LES will normally show an "advance debt: in the entitlements column with a matching amount in the deduction column. This generates an explanation of the debt in the remarks section and serves as a notice to the Soldier that payment will be recouped within 60 days. Within the first 30 days, you should receive a letter of notification for your debt. After receipt of this notification, the Service-member has the option to prorate or contest their debt.

12-2 COURTS-MARTIAL SENTENCES

a. Forfeitures

- (1) Effective 1 April 1996, courts-martial sentences that include confinement for more than 6 months, death, or confinement for 6 months or less with a dishonorable or bad-conduct discharge or dismissal will result in the forfeiture of pay and allowances during any period of confinement or parole.
- (2) In the case of a general court-martial, the pay and allowances forfeited will be a total forfeiture of all pay and allowances. In the case of a special court-martial, the pay and allowances forfeited will be two-thirds of all pay and allowances due that Soldier during such period.
- (3) In a case involving an accused Soldier who has dependents, the convening authority may waive any or all of the forfeiture of pay and allowances for a period not to exceed six (6) months. The convening authority will direct that any amount of pay or allowances that would have been forfeited will be paid to the dependents of the accused.
- (4) If the sentence of a Soldier who forfeits pay and allowances is changed by the convening authority in such a way that the Soldier no longer has a confinement sentence applicable to paragraph (1), the Soldier will be paid the pay and allowances that he or she would have been paid, except for the regular forfeiture set forth in the court-martial sentence for the period during which the forfeitures were in effect.

a. Procedures

- (2) The Judge Adjutant General (JAG) Office will submit courts-martial orders to the Debt Management Section on a UTL (original and 1 copy) to:
dfas.riley.jfl.mbx.dmpo-riley-debt-mngmt@mail.mil.
- (3) Forfeitures and reductions in grade are effective 14 calendar days after the sentence is adjudicated or when the convening authority takes action, whichever occurs first.
- (4) Failure to provide notice within 24 hours of the effective date of these punishments, as required by AR 27-10, paragraph 5-28, could possibly result in unrecoverable losses of Army dollars and unjustified financial problems to sentenced Soldiers.

12-3 NON-JUDICIAL PUNISHMENT-ARTICLE 15

a. Effective Dates of Punishment

- (1) Forfeiture of Pay is not Suspended: Forfeitures and reduction in grade, if unsuspended, are effective on the date the commander imposes the punishment. Pay accrued by a Soldier before the imposition of the punishment is not subject to forfeiture.
- (2) Forfeiture of Pay is suspended: When forfeiture of pay is suspended, the suspension takes effect on the date of the action. When a Soldier is restored to a higher grade by suspension of a reduction, the Soldier is entitled to pay of the higher grade from the date of the suspension only. If, however, a reduction or forfeiture is set aside and all rights, privileges, and property affected by it are restored, the Soldier is entitled to pay as though the reduction had never been imposed.

b. Procedures

- (1) With no Appeal.
 - (a) A copy of the DA Form 2627 (Record of Proceedings under Article 15, UCMJ) will be submitted by UTL to the Customer Service Section by the JAG office.
 - (b) The DMPO will annotate the date of the posting, and the initials of the posting clerks, and then returned back to the JAG Office.
- (2) Unit commanders should review the UCFR to verify the collection of any fines, forfeitures, and/or reductions in grade.

12-4 COLLECTIONS OTHER THAN COURTS-MARTIAL AND ARTICLE 15

- a. Collection with Soldier's Consent.** Soldiers indebted to the US will be encouraged to accelerate their debt when possible. When the amount of the debt relative to the member's ability to repay indicates that lump sum settlement would create financial hardship for the Soldier, installment payments will be accepted.

Members will be encouraged to voluntarily accept liability for their indebtedness and agree to a repayment schedule that adequately protects the interests of both the US and the Soldier. These types of debts normally include cash collection vouchers from CIF, housing, or the unit.

b. Collection without Soldier's Consent.

- (1) Current Pay. In most cases, when the Soldier is paid erroneously or an overpayment of any entitlement is made by the DMPO, the debt will be collected without the member's consent. The DMPO will make notification to the Soldier of the debt. The Soldier has 30 days to contact the DMPO in order to set up a repayment schedule or question the debt. After the 30 days, the monies will automatically be collected.
- (2) Final Pay. When a Soldier receives final pay on separation, indebtedness to the US will be collected. Debts that may be collected from current pay only with the Soldier's consent, debts may be collected from final pay and allowances without the Soldier's consent. Any monies owed to Army Emergency Relief also may be collected from final pay without the member's consent. If a Soldier has been discharged or has ETS from the Army, a Report of Survey must be prepared.
- (3) When a member is indebted to a service exchange, under the authority of **37 U.S.C. 1007(c)**, the creditor agency (AAFES, NEXCOM, and Marine Corps Exchange) may forward to DFAS such determination. DFAS shall honor the request based on certification from the creditor that it complied with appropriate debt collection procedures noted in subparagraph 500104.B. Under debt collection procedures, if the debt has not been paid within 60 days after the date that the first notice is sent to the member, then the crediting agency may submit the debt for collection action to DFAS.

c. Limitations on Collections.

- (1) Adjustments of \$500 or less for overpayments are considered routine collection and will be automatically adjusted. Due process is not required.
- (2) Routine Adjustments Greater than \$500 will be usually DFAS generated and LES remarks column will annotate the advance debt or debt due US.
- (3) Debts greater than \$500 and processed at the DMPO Soldier will be notified through a memorandum. The Soldier must contact the DMPO upon receipt of the memorandum if the debt collection is unreasonable.
- (4) Current month overpayments will be automatically collected unless the member's EOM pay is not adequate enough to leave 1/3 of their discretionary income.
- (5) Non-judicial punishment and collection of advances will be automatically collected without using the 2/3 rule. This can possibly create a "No Pay Due."

d. Interest, Penalties, and Administrative Costs.

- (1) With respect to collections other than routine adjustments, a minimum annual rate of interest on an outstanding debt to the US that is equal to the average investment rate for the Treasury tax and loan accounts for the 12-month period ending on September 30 of each year, rounded to the nearest whole percent.
- (2) Interest shall accrue from the date on which notice of debt and the interest requirements are first mailed or hand delivered to the debtor or such date as specified in the notice.
- (3) Interest may not be charged if the amount due on the claim is paid within 30 days after the date from which interest accrues in paragraph 2 above.
- (4) Administrative costs of processing and handling a delinquent debt may be assessed when applicable.

e. Soldier's Responsibility.

- (1) Monitor LES obtained through MyPay.
- (2) When a valid debt is found, request pro-ration, request a waiver, or apply for remission or cancellation of the debt.
- (4) When an invalid debt is found, challenge the debt with a written statement and supporting documents.
- (5) If requesting a waiver for remission or cancellation of the debt, immediately request a suspension of indebtedness.

12-5 GARNISHMENTS OF PAY

a. General. Monies due from or payable by the US to active duty members, members of the Reserve components not on active duty, and retired members are subject to legal process issued by a state or federal court of competent jurisdiction to enforce a legal obligation to pay child support or alimony. This also includes legitimate courts of Germany.

b. Pay Subject to Garnishment.

- (1) Base Pay
- (2) Special Pay (includes enlistment/reenlistment bonuses)
- (3) Incentive Pay
- (4) Accrued leave payments (base pay portions only)
- (5) Readjustment Pay
- (6) Severance Pay
- (7) Separation Pay
- (8) Voluntary Separation Incentive
- (9) Special Separation Pay

c. Maximum Amount of Pay Subject to Garnishment.

- (1) Fifty percent of disposable earnings if the Soldier is supporting a spouse or dependent child other than the spouse or dependent child with respect to whose support the legal process is issued.
- (2) Sixty percent of disposable earnings if the Soldier is not supporting a spouse or dependent child.
- (3) If the member is in arrears for a period which is 12 weeks prior to the beginning of the pay period involved, the maximum percentage under (1) above is 55% and under (2) above 65%.
- (4) Allotments in effect may be stopped without the Soldier's written approval in order to liquidate the garnishment.

d. Involuntary Allotment of Pay for Enforcement of Commercial Debts.

- (1) Pay Subject to Involuntary Allotment.
 - (a) Basic Pay
 - (b) Special Pay
 - (c) Incentive Pay
 - (d) Accrued Leave Payments
 - (e) Readjustment Pay
 - (f) Severance Pay
- (2) Pay that is subject to an involuntary allotment may result from judgments against the member from commercial indebtedness such as AAFES or Commissary debts.
- (3) Involuntary allotments shall not exceed the lesser of 25% of a member's pay subject to involuntary allotment or the maximum percentage of pay subject to garnishment proceedings.
- (4) When the DMPO receives notice of garnishment from DFAS-Cleveland, a memorandum will be sent to the commander and Soldier through the S-1.

TRANS-OPS Debts. Debts sent from the transportation office through DFAS-IN, a letter will be sent to the commander and Soldier through the S-1. The full amount will be collected unless a proration letter is received within 30 days of notification to the Soldier.

12-6 STATEMENT OF CHARGES

- a. General.** The DD Form 362 (Statement of Charges for Government Property Lost, Damaged or Destroyed) or DD Form 1131 (Cash Collection Voucher) is prepared by the unit commander for use in processing charges against an individual for loss, damage or destruction of government property.

b. Procedures.

- (1) A Soldier may pay in a cashier's check, money order or have the debt collected from the pay account.
- (2) Cash Collection Voucher
 - (a) The unit will send Soldier to DMPO Debt Management Section.
 - (b) Soldier Being Chaptered.
 1. The Soldier's escort will hand carry the DD Form 362 to the DMPO Separations Section.
 2. The original will be kept by DMPO and the remaining copies will be annotated and returned to the escort.

12-7 REMISSION OR CANCELLATION OF INDEBTEDNESS

- a. Any Soldier may apply to have a debt cancelled if it will cause undue hardship to the member, it is in the best interest of the Army, or the member was not at fault.

b. Procedures for Enlisted Members (AR 600-4).

- (1) Soldier must make an appointment through their unit S-1 to see the Debt Management Section within DMPO. The member must bring a memorandum to the DMPO stating their intent to request cancellation of indebtedness.
- (2) DMPO will provide the Soldier with the necessary paperwork and instructions to gather all the information needed to request a remission for indebtedness. DMPO will also immediately suspend the debt until DFAS reviews and responds to the case. Soldier will be given a suspense date to return the remission packet. If suspense is not met Finance will start collection of debt.
- (3) The member's unit commander must be involved with the process, as many of the items required for the packet must be signed by the commander.
- (4) Once the member completes the packet, the S-1 must bring the entire original packet to the DMPO Debt Management Section.
- (5) The Debt Management Section will review the packet before suspense date for completeness. Debt management will make 1 copy to keep on file for their records and mail the original copies to HRC for review.
- (6) When a response is received from DFAS, the DMPO will notify the member in writing of the findings.

NOTE: This process normally takes approximately one (1) month to complete.

c. Procedures for Officers

- (1) Procedures for officers are virtually the same as described above with the exception of using different forms.
- (2) Officers are not allowed to apply for a remission or cancellation of indebtedness. They must apply for a waiver of erroneous payments.

d. Cancellation Notice. If a cancellation notice is granted by HRC, the amount cancelled is only the unpaid portion of the debt. Any previous collections of the debt will not be reimbursed.

12-8 NOTICE OF LEVY

The IRS will send a notice to DFAS-IN if a Soldier owes back taxes. When DFAS receives the notice, DFAS will notify the Soldier. The Soldier must contact IRS to resolve the matter and notify DFAS. If the Soldier takes no action, the collection will start using calculations provided by the IRS from the Soldier's disposable pay.

Chapter 13

LEAVE/ABSENCES

13-1 GENERAL

DA Form 31 is the substantiating document for leave.

- a. Leave accrues at the rate of two and a half days per calendar month or 30 days per year. Leave accrues for prorated portions of a month at the rate of one half day every six (6) calendar days. Finance maintains the ETS leave balance on the Soldier's MMPA and is reflected on the Soldier's LES through his/her ETS date. Soldiers may be advanced up to 30 days leave or the number of days leave they will earn through their ETS date, whichever is less.
- b. Soldiers may not carry over more than 60 days leave beyond the end of the fiscal year (30 September). On 1 October, all leave accounts are automatically screened and leave balances in excess of 75 days are administratively reduced. There are limited provisions (see AR 600-8-10, chapter 3 Special Leave Accrual) for carrying over leave in excess of 75 days. It is imperative that commanders monitor their Soldiers' leave balances and ensure positive support of the leave program.
- c. Enlisted Soldiers on authorized leave are entitled to leave rations for each day of chargeable leave. Leave rations are payable at the same daily rate as separate rations. The input of the leave to the Master Military Pay Account (MMPA) automatically generates payment of leave rations.
- d. Convalescent leaves are non-chargeable periods and will not be reflected against the Soldier's leave balance.

13-2 ORDINARY, PCS, TDY, EMERGENCY AND TRANSITION LEAVES

a. Ordinary Leave.

- (1) The DA Form 31 will be prepared in four (4) copies. All pertinent data regarding the leave will be entered in the control log using the next sequential control number.
- (2) If the leave is canceled, the original and organizational copies of the DA Form 31 will be annotated "VOID" and signed by the leave approving authority or designated representative. The unit will retain the original and organizational copies. The individual copy will be destroyed.

****NOTE:** If a canceled leave was erroneously forwarded to Finance and the leave subsequently charged, a Reconciliation Memorandum must be prepared IAW AR 600-8-10, paragraph 11-13 (d), (e). **** (Figure 13A)**

- (3) Upon departure of the Soldier, block 14 of the DA Form 31 will be completed and placed in the unit suspense file pending the Soldier's return (**Figure 13B**).
- (4) Upon return of the Soldier, blocks 16 through 17 of the DA Form 31 will be completed and the leave control log annotated. The original will be submitted to the finance office via UTL within three duty days of the Soldier's return. The unit retains the organizational copy for six (6) months (**Figure 13B**).

13-3 EMERGENCY LEAVE

When it is deemed appropriate that a Soldier be granted emergency leave under the provisions of AR 600-8-10, the DA Form 31 will be processed as outlined in paragraph A above. Emergency leave is processed in the same manner as ordinary leave.

13-4 PCS & TRANSITION LEAVE

PCS and transition leave will be processed by assigning a control number and annotating PCS or TRANS above the control number block of the DA Form 31. The suspense copy will be hand carried by the departing Soldier to finance during In & out-processing.

13-5 LEAVE IN CONJUNCTION WITH TDY

TDY leaves are assigned control numbers. The unit will maintain all copies of TDY leaves until the Soldier's return. The DA Form 31 should encompass the entire period of the absence. The S-1 will affix the completed original DA Form 31 and a copy of the completed travel settlement and turn-in to the servicing finance office on a UTL.

13-6 SPECIAL LEAVE ACCRUAL (SLA)

The intent of SLA is to provide relief to Soldiers who are not allowed leave when undergoing lengthy deployment or during periods of hostility. There are three categories in which a member can qualify for SLA.

- a. SLA is authorized to Soldiers who served in an area in which he or she was entitled to hostile fire or imminent danger pay for at least 120 continuous days. Soldier in this category can carry up to 120 days into the next fiscal year
- b. SLA is authorized to Soldiers who served in direct support of a contingency operation and was denied leave. In this situation the member is only allowed to carry up to 90 days leave into the next fiscal year.
- c. Finally Soldiers that deployed to meet a contingency operation for more than 60 days and were prevented from using leave through the end of the FY because of deployment.

SLA is automatic for those Soldiers who served in a HFP/IDP, but if SLA leave is not automatically carried through into the next FY a request to Finance must be made after the FY has ended. The SLA approval request must be signed by the first LTC in the chain of command for category 1, the MACOM approval authority for category 2, and the first COL in chain of command for category 3. The memorandum must include information on why the Soldier was deployed, date command was notified of deployment, who directed deployment, name of the operation, arrival and departure date of deployment, and how many leave days the Soldier lost at the end of the FY. **(Figure 13C)**

13-7 EXCESS LEAVE

a. General

- (1) A Soldier desiring to take leave, may, if approved by the commander, elect to utilize advanced leave (leave granted prior to its accrual). Commanders may grant up to 30 days or the number of days that can be accrued prior to the Soldier's ETS, whichever is less. Utilization of leave in excess of this amount will place the individual in an excess leave status. Excess leave will not be used for terminal leave when a Soldier is transitioning out of the service.
- (2) The Soldier is not entitled to pay and allowances, nor does leave accrue during periods of excess leave.
- (3) Advance leave becomes excess leave and requires collection of pay and allowances under the following conditions:
 - (a) Advance leave balance exceeds that which will accrue in the new enlistment or term of service, including when an agreement to extend is canceled by the service.
 - (b) Relief from active duty.
 - (c) Appointment as a cadet or midshipman at a service academy.
 - (d) Death.

13-8 CONVALESCENT LEAVE

a. General

Convalescent leave is a non-chargeable absence from duty granted to expedite a Soldier's return to full duty after illness, injury, or childbirth.

b. Approving Officials

The unit commander is the approving authority for up to 30 days convalescent leave (42 days after normal pregnancy and childbirth). If the Soldier has had any period of convalescent leave while in the hospital, the unit commander can only grant that portion which will not exceed a collective total of 30 days.

c. Processing Procedures

- (1) The hospital commander will notify the unit commander of departure and return dates from convalescent leave.
- (2) The unit will prepare a DA Form 31 and forward by UTL to the Finance office for processing onto the Soldiers MMPA. Although this is non-chargeable leave, it must still be processed onto the Soldier's account for duty status purposes and to initiate payment of separate rations.

13-9 ARMY MILITARY PARENTAL LEAVE PROGRAM (MPLP)

Parental leave is non-chargeable entitlement for Soldiers in connection with the birth or adoption of a child. This applies to Regular Army Soldiers on active duty, Reserve Component Soldiers performing active Guard and Reserve duty or full-time National Guard duty for a period in excess of 12 months, and Reserve Component Soldiers performing duty under a call or order to active service in excess of 12 months. (Army Directive 2019-05)

13-10 SAME SEX MARRIAGE LEAVE

Soldiers who were required to travel more than 100 miles from the current duty station in order to have a legal marriage performed and were charged annual leave on or after August 13, 2013 and not prior to the issuance of the DoD policy, may request restoration of up to 7 days of annual leave (for Soldiers assigned in CONUS) and up to ten (10) days (for Soldiers assigned OCONUS). The Soldier must provide a Leave and Earning Statement (LES) documenting ordinary leave charged and proof of marriage to the servicing S1. The S1 will do a corrected DA Form 31 in accordance with standing operation procedures (SOP) and submit to the DMPO. The commander has the authority to determine how many days leave will be granted for Same Sex Marriage.

13-11 EXTENSION OF LEAVE

- a. All extensions of leave require the approval of the Soldier's commander.

- b. When the requested extension is approved, an entry will be made in item 15 of DA Form 31 and the appropriate entry will be made on the Leave Control Log. Commanders of units under the PAC system must maintain an audit trail for extensions.

13-12 LEAVE CONTROL LOG

- a. The Leave Control Log (automated or manual DA Form 4179-R) will be maintained IAW AR 600-8-10, Chapters 11-12. All leaves will be recorded in the control log. Leaves will be assigned a leave control number beginning with 01 on 1 October of each fiscal year.
- b. Leaves will not be entered into the control log or assigned a control number until the leave has been approved. Upon approval, the next consecutive control number will be assigned and all information will be entered in pen or typed in the control log.
- c. If after completion of the DA Form 31 and subsequent entry in the control log a Soldier cancels the leave, lining through the entry and annotating it "VOID" will void the control number. The approving authority must authenticate voided leaves. For disposition of the voided DA Form 31 see AR 600-8-10.

13-13 STATUS CHANGE

- a. Unauthorized absence of 24 consecutive hours or less does not affect pay and allowances. This applies even if the absence involves portions of two calendar days.
- b. DA Form 4187 will be submitted to DMPO from the S-1, after the 3rd day of absence, the 4187 accompanied with a UTL for all other absences. **See Figure 13D**
- c. DA Form 4187 will be submitted to DMPO from the S-1 within 24 hours of the Soldiers return to duty. **See Figure 13E**

FIGURE 13A

(Office Symbol)

(Date)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Discrepancies in Unit Leave Control Report

1. Reconciliation of the Unit Leave Control Report, dated _____ indicates the following discrepancies:

Leave Control Number (4FB0001)

Name: Joe, George I.

SSN: 123-45-6789

Leave Dates Charged (02 Jan 0* - 10 Jan 0*)

2. Leave Control Number #4FB0001 was cancelled; however, the original DA 31 was erroneously sent to Finance and input into the Soldiers military pay account.

3. Attached is a copy of the voided DA 31. Request necessary action is taken to reconcile the Soldier's leave account.

B.T. WASHINGTON
LTC, IN
Commanding

DISTRIBUTION:

1 - Indiv

1 - Unit Cdr

1 - Finance

FIGURE 13B

| | | | | | | | | |
|--|---|---|--------------------------|---|---|--|---|--|
| REQUEST AND AUTHORITY FOR LEAVE This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions by clicking on the instructions button.) | | | | | | 1. CONTROL NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |
| PART I - REQUESTOR INFORMATION | | | | | | | | |
| 2. NAME (Last, First, Middle Initial) | | | 3. DOD ID | | 4. RANK | | 5. DATE (YYYYMMDD) | |
| 6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone Number) | | | | 7. ORGANIZATION, STATION, POC EMAIL AND PHONE NUMBER | | | | |
| 8. TYPE OF ABSENCE <input type="checkbox"/> CHARGEABLE <input type="checkbox"/> NON-CHARGEABLE <input type="checkbox"/> COMBINATION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Annual (Ordinary) Leave <input type="checkbox"/> Accession Leave <input type="checkbox"/> Advance Leave <input type="checkbox"/> Consecutive Overseas Tour (COT) Leave </div> <div> <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Environmental Morale Leave (EML) <input type="checkbox"/> Environmental Morale Leave, Funded (FEML) <input type="checkbox"/> Pass Termination, Leave Charged After </div> <div> <input type="checkbox"/> Permanent Change of Station (PCS) Leave <input type="checkbox"/> Reenlistment Leave <input type="checkbox"/> Rest and Recuperation Leave <input type="checkbox"/> Terminal Leave </div> </div> | | | | | | | | |
| 9a. FROM (YYYYMMDD) | | | 9b. TOTAL DAYS REQUESTED | | | 9c. TO (YYYYMMDD) | | |
| 10a. ACCRUED LEAVE (CR BAL) | | 10b. CHARGEABLE LEAVE REQUESTED | | | | 10c. NON-CHARGEABLE ABSENCE REQUESTED | | |
| FROM (YYYYMMDD) | | DAYS REQUESTED | | TO (YYYYMMDD) | | FROM (YYYYMMDD) | | |
| <div style="border: 1px solid red; height: 20px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | ADVANCE NA | | EXCESS NA | | |
| | | | | | | TO (YYYYMMDD) | | |
| REQUESTOR / SUPERVISOR / APPROVING AUTHORITY SIGNATURES | | | | | | | | |
| 11. SIGNATURE OF REQUESTOR (Supervisor can sign for requestor when requestor is not available to sign.) | | | | | | | DATE | |
| 12. SUPERVISOR NAME | | TITLE | | RANK/GRADE | | RECOMMENDATION | | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL | | |
| 13. APPROVING AUTHORITY NAME | | TITLE | | RANK/GRADE | | ACTION | | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | |
| DEPARTURE - AUTHORITY SIGNATURE | | | | | | | | |
| a. DATE | b. TIME | c. NAME DEPARTURE AUTHORITY | | | d. TITLE | e. SIGNATURE | f. DATE | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| EXTENSION - APPROVAL AUTHORITY SIGNATURE | | | | | | | | |
| a. NUMBER DAYS | b. DATE APPROVED | c. NAME APPROVAL AUTHORITY | | | d. TITLE | e. SIGNATURE | f. DATE | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| RETURN - AUTHORITY SIGNATURE | | | | | | | | |
| a. DATE | b. TIME | c. NAME RETURN AUTHORITY | | | d. TITLE | e. SIGNATURE | f. DATE | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| 17. REMARKS | | | | | | | | |
| | | | | | | | | |
| FINANCE ONLY: Chargeable leave is from date (YYYYMMDD): <div style="border: 1px solid black; width: 150px; height: 15px;"></div> to date (YYYYMMDD): <div style="border: 1px solid black; width: 150px; height: 15px;"></div> | | | | | | | | |



REPLY TO
ATTENTION OF

XXXX-XX

19 May 2020

MEMORANDUM THRU Commander FORSCOM, ATTN: AFAG-PSSB

FOR Commander, Human Resources Command, ATTN: AHRC-PDP-P, Department 480, 1600
Spearhead Division Avenue, Fort Knox, KY 40122-5408

SUBJECT: Special Leave Accrual (SLA) – (Rank) (First, Middle, Last name) (Social Security Number)

1. Request SLA be approved for (Rank) (Name). The following information is provided for consideration:

- a. Command was notified of deployment requirement (Date).
- b. The requirement was directed by (example FORSCOM).
- c. Unclassified name of the requirement is (example Operation Iraqi Freedom)
- d. Unclassified information concerning the nature of the requirement follows:
 - (1) A classified contingency developed due to the need to defend national security.
 - (2) Nature of this requirement includes a deployment to (Location) for the purpose of ().
- e. The Soldier was notified on (date).
- f. The Soldier deployed (date) and returned from the deployment (date).
- g. My annual leave program aggressively supports the use of 30 days of leave a year.
- h. Soldier was able to take leave on (dates) and other occasions during the fiscal year.
- i. Soldier had taken (number) of days leave prior to notification of the deployment. Soldier was scheduled to take an additional (number) of days leave beginning (date).
- j. The Soldier took (number) of days leave after notification of deployment, but was precluded from taking any more leave days before deployment because ().
- k. The Soldier was precluded from taking any leave during deployment because.
- l. The Soldier lost (number) of days leave at the end of the fiscal year.

2. Point of Contact is (name) at DSN (number).

(Signature block of LTC and higher Cdr)

FIGURE 13C

FIGURE 13D

| PERSONNEL ACTION | | | |
|---|--------------------------------------|--|------------------------------------|
| For use of this form, see AR 600-8-6 ; the proponent agency is DCS, G-1 | | | |
| DATA REQUIRED BY THE PRIVACY ACT OF 1974 | | | |
| AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O 9397. | | | |
| PRINCIPAL PURPOSE: Used by Soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III). | | | |
| ROUTINE USES: To initiate the processing of a personnel action being requested by the Soldier. | | | |
| DISCLOSURES: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action. | | | |
| 1. THRU (Include ZIP Code) | | 2. TO (Include ZIP Code) | |
| | | DMPO 212 Custer Ave FORT RILEY, KS 66442 | |
| 3. FROM (Include ZIP Code) | | | |
| UNIT NAME/ ADDRESS | | | |
| SECTION I - PERSONAL IDENTIFICATION | | | |
| 4. NAME (Last, First, MI) | | 5. GRADE OR RANK/PMOS/AOC | |
| Soldier, Joe L | | E-4/ SPC | |
| | | 6. SOCIAL SECURITYNUMBER | |
| | | SSN | |
| SECTION II - DUTY STATUS CHANGE (AR 600-8-6) | | | |
| 7. The above Soldier's duty status is changed from PRESENT FOR DUTY to | | | |
| AWOL effective 0630 hours 15 Oct 2013 | | | |
| SECTION III - REQUEST FOR PERSONNEL ACTION | | | |
| 8. I request the following actions: (Check as appropriate) | | | |
| <input type="checkbox"/> | Service School (Enl only) | <input type="checkbox"/> | Special Forces Training/Assignment |
| <input type="checkbox"/> | ROTC or Reserve Component Duty | <input type="checkbox"/> | On-The-Job Training (Enl only) |
| <input type="checkbox"/> | Volunteering for Overseas Service | <input type="checkbox"/> | Retesting in Army Personnel Tests |
| <input type="checkbox"/> | Ranger Training | <input type="checkbox"/> | Reassignment Married Army Couples |
| <input type="checkbox"/> | Reassignment Extreme Family Problems | <input type="checkbox"/> | Reclassification |
| <input type="checkbox"/> | Exchange Reassignment (Enl only) | <input type="checkbox"/> | Officer Candidate School |
| <input type="checkbox"/> | Airborne Training | <input checked="" type="checkbox"/> | Other: CHANGE OF DUTY STATUS |
| 9. SIGNATURE OF SOLDIER (When required) | | | 10. DATE (YYYYMMDD) |
| | | | |
| SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet) | | | |
| 1. Above listed Member's status changed form PFD to AWOL. | | | |
| 2. Effective (time and date): | | | |
| 3. Stamp from Provost Marshall office. | | | |
| ****PLEASE USE CURRENT VERSION OF THIS FORM**** | | | |
| SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL | | | |
| 11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein - | | | |
| <input checked="" type="checkbox"/> | HAS BEEN VERIFIED | <input type="checkbox"/> | RECOMMEND APPROVAL |
| <input type="checkbox"/> | RECOMMEND DISAPPROVAL | <input checked="" type="checkbox"/> | IS APPROVED |
| <input type="checkbox"/> | IS DISAPPROVED | | |
| 12. COMMANDER/AUTHORIZED REPRESENTATIVE | | 13. SIGNATURE | |
| CDR/ DESIGNEE TYPE/ PRINTED NAME | | CDR/ DESIGNEE SIGNATURE | |
| | | 14. DATE (YYYYMMDD) | |

FIGURE 13E

| PERSONNEL ACTION | | | | | |
|--|--|--|---|--|--|
| For use of this form, see AR 600-8-6; the proponent agency is DCS, G-1 | | | | | |
| DATA REQUIRED BY THE PRIVACY ACT OF 1974 | | | | | |
| AUTHORITY: | Title 5, Section 3012; Title 10, USC, E.O 9397. | | | | |
| PRINCIPAL PURPOSE: | Used by Soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (<i>Section III</i>). | | | | |
| ROUTINE USES: | To initiate the processing of a personnel action being requested by the Soldier. | | | | |
| DISCLOSURES: | Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action. | | | | |
| 1. THRU (<i>Include ZIP Code</i>) | | 2. TO (<i>Include ZIP Code</i>) DMPO 212 Custer Ave FORT RILEY, KS 66442 | | 3. FROM (<i>Include ZIP Code</i>) UNIT NAME/ ADDRESS | |
| SECTION I - PERSONAL IDENTIFICATION | | | | | |
| 4. NAME (<i>Last, First, MI</i>) Soldier, Joe L | | | 5. GRADE OR RANK/PMOS/AOC E-4/ SPC | | 6. SOCIAL SECURITYNUMBER SSN |
| SECTION II - DUTY STATUS CHANGE (<i>AR 600-8-6</i>) | | | | | |
| 7. The above Soldier's duty status is changed from <u>AWOL</u> to _____ | | | | | |
| <u>PRESENT FOR DUTY</u> effective <u>0630</u> hours <u>15 Oct</u> <u>2013</u> | | | | | |
| SECTION III - REQUEST FOR PERSONNEL ACTION | | | | | |
| 8. I request the following actions: (<i>Check as appropriate</i>) | | | | | |
| <input type="checkbox"/> | Service School (<i>Enl only</i>) | <input type="checkbox"/> | Special Forces Training/Assignment | <input type="checkbox"/> | Identification Card |
| <input type="checkbox"/> | ROTC or Reserve Component Duty | <input type="checkbox"/> | On-The-Job Training (<i>Enl only</i>) | <input type="checkbox"/> | Identification Tags |
| <input type="checkbox"/> | Volunteering for Overseas Service | <input type="checkbox"/> | Retesting in Army Personnel Tests | <input type="checkbox"/> | Separate Rations |
| <input type="checkbox"/> | Ranger Training | <input type="checkbox"/> | Reassignment Married Army Couples | <input type="checkbox"/> | Leave - Excess/Advance/Outside CONUS |
| <input type="checkbox"/> | Reassignment Extreme Family Problems | <input type="checkbox"/> | Reclassification | <input type="checkbox"/> | Change of Name/SSN/DOB |
| <input type="checkbox"/> | Exchange Reassignment (<i>Enl only</i>) | <input type="checkbox"/> | Officer Candidate School | X | Other: CHANGE OF DUTY STATUS |
| <input type="checkbox"/> | Airborne Training | <input type="checkbox"/> | Asgmt of Pers with Exceptional Family Members | <input type="checkbox"/> | |
| 9. SIGNATURE OF SOLDIER (<i>When required</i>) | | | | 10. DATE (YYYYMMDD) | |
| SECTION IV - REMARKS (<i>Applies to Sections II, III, and V</i>) (<i>Continue on separate sheet</i>) | | | | | |
| 1. Above listed Member's status changed form AWOL to PFD. | | | | | |
| 2. Effective (time and date): | | | | | |
| <div style="text-align: center;">****PLEASE USE CURRENT VERSION OF THIS FORM****</div> | | | | | |
| SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL | | | | | |
| 11. I certify that the duty status change (<i>Section II</i>) or that the request for personnel action (<i>Section III</i>) contained herein - | | | | | |
| <input checked="" type="checkbox"/> HAS BEEN VERIFIED | RECOMMEND APPROVAL | RECOMMEND DISAPPROVAL | <input checked="" type="checkbox"/> IS APPROVED | IS DISAPPROVED | |
| 12. COMMANDER/AUTHORIZED REPRESENTATIVE CDR/ DESIGNEE TYPE/ PRINTED NAME | | 13. SIGNATURE CDR/ DESIGNEE SIGNATURE | | 14. DATE (YYYYMMDD) | |

CHAPTER 14

EXTENSIONS, RE-ENLISTMENTS, ENLISTMENTS & BONUSES

14-1 GENERAL

Extension and Re-enlistment contracts will be submitted by the Career Counselors and not the S-1. For more information see your local Career Counselors.

14-2 ENLISTMENT BONUSES

- a. DMPO will process an enlistment bonus upon arrival of Soldiers at first duty station. The Soldier must submit the entire enlistment contract to the DMPO to pay an enlistment bonus. The following must be submitted:
 - (1) DD Form 4/1
 - (2) DD Form 4/2
 - (3) DD Form 4/3
 - (4) DA Form 3856-66
 - (5) PMOS orders or AIT Graduation Certificate verifying date of graduation.
 - (6) PCS orders assigning Soldiers to RSA.
 - (a) Amount of Enlistment Bonus: The bonus is an amount prescribed by the Secretary concerned, but not more than \$40,000.00
 - (b) Method of Payment
 - 1) Paid upon completion of training and award of MOS.
 - 2) First installment may not exceed \$10,000.00
 - 3) Remainder shall be paid in equal annual installments,

NO BONUS IS PAYABLE BEFORE member completes all training, and has arrived at their first permanent duty station (PDS), and WORKING in the MOS concerned.

14-3 CAREER STATUS BONUS

- a. **General.** The National Defense Authorization Act for Fiscal Year 2000 significantly changed the retired pay system for those members of a Uniformed Service who first became members on or after August 1, 1986 (See Public Law 106-65, October 5, 1999, sections 641 through 644). As of October 1, 1999, they are under the High-3 retired pay system. Previously, they were covered by the REDUX retired pay

system. However, these members may now elect, upon completion of 15 years of active duty in the Uniformed Services, to receive a \$30,000 (CSB), in which case they will again be under the REDUX retired pay system. This implementing guidance establishes uniform procedures to:

- (1) It allows those in this group to choose between the High-3 and the CSB/REDUX pay plan.
 - (2) It added a \$30,000 CSB as part of the REDUX pay plan.
- b.** Soldiers with a date of initial entry to military service (DIEMS) on or after 1 August 1986, including AGR Soldiers, who are eligible under current Service regulations to serve continuously to 20 years, must choose between the High-3 and the CSB/REDUX between years 14 1/2 to 15 of active duty, although retirement will not occur until the Soldier has completed 20 years of service.
 - c.** The DIEMS date pertains to the earliest date of enlistment, induction, or appointment in a regular or RC of a Uniformed Service as a commissioned officer, warrant officer, or enlisted Soldier. A DIEMS date is rarely the same as a basic active service date and is often earlier than a pay entry basic date. The Soldier's basic active service date, not the DIEMS, serves as the basis when calculating for the 14 1/2 to 15 years of active duty.
 - d.** Process requests for the Career Status Bonus/Reduced Plan
 - (1) Installations are required to conduct monthly or individual CSB/REDUX briefings for eligible Soldiers once they complete 14 1/2 years of active duty to help them decide between the CSB/REDUX or High-3 retirement plans.
 - (2) The CSB/REDUX differs from the High-3 plan in three ways—
 - (a) The retired pay multiplier under CSB/REDUX is less than under High-3 if the Soldier has less than 30 years of creditable service. Under CSB/REDUX, the retired pay multiplier is 2.0 percent per year for the first 20 years of creditable service (see 10 USC 1409); 3.5 percent for years 21 through 30; and 2.5 percent after 30 years, multiplied by the average of the Soldier's highest 36 months of basic pay. The longer a Soldier serves, the closer the CSB/REDUX retired pay multiplier will be to that of someone retiring with the same number of years of service under High-3. After 30 years, the multiplier 2.5 percent is the same under both plans. At age 62, the Soldier's CSB/REDUX retired pay is recalculated to equal what it would have been had the Soldier retired under High-3 initially.
 - (b) The CSB/REDUX cost-of-living allowances of retired pay are 1 percent less than those under the final basic pay or High-3 retired pay plans. Although CSB/REDUX Soldiers receive a one-time catch-up COLA at age 62, the following year the COLA reverts to COLA minus 1 percent.

- (c) Soldiers who elect CSB/REDUX are entitled to receive a \$30,000 CSB, payable at their 15th year of active duty to help compensate for the reduced CSB/REDUX multiplier and COLA provisions.
- (3) Soldiers who elect CSB/REDUX and later retire for disability under 10 USC 1201 or 10 USC 1202, will have their retired pay calculated under the High-3 formula.
- (4) Public Law 107-107, Section 620 allows Soldiers to elect to receive the CSB in a lump sum or annual installments, which gives them the ability to shelter the entire CSB from taxes in the Thrift Savings Plan. The current options for receiving the CSB are—
 - (a) One payment of \$30,000.
 - (b) Two annual installments of \$15,000 each.
 - (c) Three annual installments of \$10,000 each.
 - (d) Four annual installments of \$7,500 each.
 - (e) Five annual installments of \$6,000 each.
- e. Steps to process requests for Soldiers eligible to make a choice

Step: 1

Responsibility: Personnel

Required action: Provide eligible Soldier with written notification at the 14½ year of active duty. Personnel will include procedures for electing the CSB and an explanation of the effect that electing the CSB will have on the computation of retired pay if and when the Soldier becomes eligible (see Para 7-3).

Step: 2

Responsibility: Soldier

Required action: Has 6 months to decide to either remain under High-3 or elect CSB/REDUX.

Step: 3

Responsibility: Personnel

Required action: A lieutenant colonel or the designated representative in the Soldier's chain of command must sign block 13 (witness) and 17 (recording official) of DD Form 2839. The same person must sign both blocks.

Step: 4

Responsibility: Soldier

Required action: Give the completed DD Form 2839 to the personnel officer.

Step: 5

Responsibility: Personnel

Required action: Ensure that the Soldier is currently qualified for retention on active duty. If the Soldier is flagged pending separation, do not submit DD Form 2839 to the DMPO until the flag is lifted and the Soldier is fully eligible for retention and a contractual obligation to meet eligibility for the minimum 20-year non-disability retirement. Personnel representatives must monitor Soldiers to ensure they remain eligible for retention on active duty. A **Soldier with 18 or more years of active Federal service is ineligible to make a choice under the CSB/REDUX. They will remain under High-3.**

Step: 6

Responsibility: Personnel

Required action: If a Soldier elects not to receive the CSB, maintain a copy of DD Form 2839 in the Soldier's military personnel file and forward the original for filing in the Soldier's official military personnel file. Mailing address for officers: Commander, U.S. Army Human Resources Command (AHRC-MSR), 200 Stovall Street, Alexandria, VA 22332-4000. Mailing address for enlisted Soldiers: Chief, Records Services Division, U.S. Army Soldier Record Data Center (PCRF-FR), 8899 East 56th Street, Indianapolis, IN 46249-5301. The HR specialist records the Soldier's election to update the appropriate personnel.

Step: 7

Responsibility: Personnel

Required action: If Soldier elects to receive the CSB, maintain a copy of DD Form 2839 in the Soldier's military personnel file and forward a copy for filing in the Soldier's official military personnel file. Send the original DD Form 2839 to the servicing DMPO no later than 10 days prior to the Soldier's 15th anniversary of date of service. HR specialist records the Soldier's election to update the appropriate personnel system.

Step: 8

Responsibility: DMPO

Required action: Once the DMPO receives form-

- Review it to ensure it is completed correctly.
- Match data on form against Soldier's pay account.
- Ensure that the Soldier has completed 15 years of active duty. NOTE: SOLDIERS WITH MORE THAN 18 YEARS OF ACTIVE SERVICE ARE NOT ELIGIBLE FOR CSB
- On or after the 15th anniversary date, send the form(s) to central site for input. Do NOT receive from unit or submit this form earlier than 10 days prior to 15 year date, they are not kept on file.

- f. **Repayment of Bonus.** A CSB recipient who fails to serve continuously on active duty until the completion of 20 years of active duty must repay an amount calculated by multiplying \$30,000 by a factor that is determined by dividing the uncompleted

period of active duty by the total period of continuous active duty required as a result of the CSB/REDUX election. In making the calculation, months and days must be expressed as decimal fractions of a year (to the nearest .00000001). Each month is 1/12 of a year and each day is 1/360th of a year, rounded to the eighth decimal place. (See the table of fractional parts of a year at Attachment 1-1). In determining these periods, compute years, then months and then days counting from the day after the last day of continuous active duty.

Example 1: A member's CSB/REDUX election is effective upon attaining 15 years of active service on October 10, 2001. The member is obligated to serve through October 10, 2006 (5 full years). If the member's last day of active duty is December 1, 2002, the member will have failed to complete 3 years, 9 months and 10 days of required service. The member's repayment is computed as follows:

- (1) The period of agreed additional service is: 5 full years and the service not completed is: 3 years, 9 months, and 10 days, or

$$3 + .75 + .02777778 = 3.77777778 \text{ years. The required repayment is:} \\ (3.77777778 / 5) \times \$30,000 = .75555556 \times \$30,000 = \$22,666.67.$$

- (2) An obligation to repay a portion of the CSB is a debt owed to the United States unless the debt is waived under provisions below. A discharge in bankruptcy under title 11, United States Code that is entered within 5 years after the member's separation does not include a debt arising from a CSB repayment obligation.

g. Waiver of Bonus Repayment. The Secretary concerned may waive, in whole or in part, the required CSB refund if the Secretary determines that recovery would be against equity and good conscience or contrary to the best interests of the United States. The Secretary concerned shall waive the required refund if the member:

- (1) Dies, or
- (2) Is separated or retired as a result of a physical disability under chapter 61 of title 10, United States Code, or
- (3) Is separated under a Service offer for early retirement (such as TERA) or separation program. The Secretary concerned shall not waive repayment if the member's separation is due to misconduct or if waiver of repayment would be inconsistent with other prescribed law, regulation, or policy.

h. Tax Considerations. The Defense DMPO and Accounting Service (DFAS) shall advise bonus recipients of the taxability of CSB payments in consultation with the Armed Forces Tax Council. The CSB is generally subject to the same tax considerations as any other bonus payment. The CSB, if taxable, is income as of the date on which the payment is actually made to the member. Provided a member is a TSP participant, a member may contribute any amount of CSB allowable under the provisions of the Thrift Savings Plan (TSP) of section 211, title 37, United States Code, as applicable at the time of payment. Ordinarily, the annual limit of all TSP

contributions, including any from the CSB, in 2000 would be \$10,500, with adjustments in later years. Tax Exclusion: If the member is otherwise eligible for a combat zone or Qualified Hazardous Duty Area (QHDA) tax exclusion on the effective date of the CSB/REDUX election (see ELECTION section), the CSB, within allowable limits, will not be considered taxable income to the member. A member may contribute to the TSP any nontaxable pay of up to \$30,000 or 25 percent of compensation, whichever is less.

CHAPTER 15

WITHHOLDING INCOME TAX

15-1 GENERAL

a. Federal Income Tax Withholdings. (FITW)

- (1) Members may change their FITW at their own discretion based upon their anticipated annual taxes. Changes may be made for the following reasons:
 - (a) Change in Marital Status
 - (b) Change in Dependency Status
 - (c) Request for additional withholding
- (2) Procedures. Submit a new W-4 to the DMPO on a UTL.

b. State Income Tax Withholdings. (SITW)

- (1) Members may claim any state as their state of legal residency. However, the burden of proof falls upon the member when asked to prove their state of legal residency for tax audits and questions from the state tax authority. For further information see the Legal Assistance Office.
- (2) To change state of legal residence, submit the following on an UTL:
 - (a) DD Form 2058. **See Figure 15A**
 - (b) DD Form 2058-1, when applicable. **See Figure 15B**

The latest Form W-4 can be obtained through the link list below. This form must be completed prior to submitting for further processing to the DMPO.

<http://www.irs.gov/pub/irs-pdf/fw4.pdf>

FIGURE 15A

| STATE OF LEGAL RESIDENCE CERTIFICATE | | |
|---|---|--------------|
| DATA REQUIRED BY THE PRIVACY ACT OF 1974 | | |
| AUTHORITY: | Tax Reform Act of 1976, Public Law 94-455. | |
| PURPOSE: | Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay. | |
| ROUTINE USES: | Information herein will be furnished State authorities and to Members of Congress. | |
| MANDATORY OR VOLUNTARY DISCLOSURE: | Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record. | |
| NAME <i>(Last, first, middle initial)</i> | SOCIAL SECURITY NUMBER <i>(SSN)</i> | |
| DOE, JOHN J. | 123-45-6789 | |
| LEGAL RESIDENCE/DOMICILE <i>(City or county and State)</i> YOUR STATE OF LEGAL OF RESIDENCE (PHYSICAL ADDRESS) | | |
| <p style="text-align: center;">INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE</p> <p>The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.</p> <p>The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.</p> <p>You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.</p> <p>Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.</p> <p>The formula for changing your State of legal residence/domicile is simply stated as follows: <u>physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile.</u> In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. <u>Finally</u>, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.</p> <p>Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend upon legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.</p> | | |
| <p>I certify that, to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.</p> <p>I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.</p> | | |
| SIGNATURE | CURRENT MAILING ADDRESS <i>(Include ZIP Code)</i> | DATE |
| MEMBER'S SIGNATURE | MEMBER'S MAILING ADDRESS | TODAY'S DATE |

DD FORM 2058, FEB 77

USAPFC V1.00

FIGURE 15B

| STATE INCOME TAX EXEMPTION TEST CERTIFICATE | | |
|--|--|--|
| <p style="text-align: center;">DATA REQUIRED BY THE PRIVACY ACT OF 1974</p> <p>AUTHORITY: 5 USC 5516, 5517, and EO 9397, November 1943.</p> <p>PRINCIPAL PURPOSE: To enable the service concerned to terminate withholding of State income taxes applicable to your pay for the tax year specified. Social Security Number (SSN) will be used to provide positive identification.</p> <p>ROUTINE USES: The information obtained will become part of the active duty pay system of records of the service concerned and may be disclosed to the routine users (including State tax authorities) of such system as described in the record system notices for such system.</p> <p>DISCLOSURE: Disclosure is voluntary. Failure to complete this form will result in withholding of State income taxes from your pay. Disclosure of SSN is voluntary. However, to avoid erroneous application of your withholding exemption to the account of another member, this exemption certificate will not be processed without your SSN.</p> | | |
| TYPE OR PRINT NAME (Last, First, Middle Initial) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> DOE JOHN J </div> | SOCIAL SECURITY NUMBER <div style="text-align: center; margin-top: 10px;">123-45-6789</div> | |
| MILITARY ADDRESS (Street Address, City, State, ZIP Code) MEMBER'S MILITARY ADDRESS | TAX YEAR <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> | |
| ADDRESS OF PLACE OF ABODE OUTSIDE YOUR STATE OF LEGAL RESIDENCE (Street Address, City, State, ZIP Code) MEMBER'S ADDRESS IN THE STATE OF LEGAL RESIDENCE | STATE OF LEGAL RESIDENCE <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> | |
| <p style="text-align: center;">I CERTIFY THAT I ANTICIPATE MEETING THE THREE CONDITIONS NECESSARY TO BE EXEMPT FROM WITHHOLDING FOR THE CALENDAR YEAR 19 _____. I ALSO DECLARE THAT I WILL IMMEDIATELY NOTIFY THE FINANCE OFFICER OF ANY CHANGES THAT AFFECT MY WITHHOLDING STATUS.</p> | | |
| SIGNATURE OF APPLICANT MEMBER'S SIGNATURE | DATE (YYMMDD) <div style="text-align: center; margin-top: 10px;">030123</div> | |
| <p style="text-align: center;"><i>This form is currently applicable to the States of New Jersey, New York, and Oregon - AND is not to be used to change State of legal residence.</i></p> | | |
| <p style="text-align: center;">INSTRUCTIONS</p> <p>The explanatory material below should help you determine if you qualify for exemption from State income tax withholding under this test. If you are unsure of your particular State law provisions for exemption from withholding, you should write your State taxing authority.</p> <p>Residents of applicable states who enter military service and are assigned to duty outside those States do not change residence because of such assignments. They remain residents of those States for tax purposes unless they fulfill all three of the following conditions:</p> <ol style="list-style-type: none"> 1. They maintain no place of abode in their State of legal residence during the taxable year, 2. They do maintain a place of abode outside that State for the entire taxable year, and 3. They spend no more than 30 days in that State during the taxable year. <p>The following are not considered places of abode under condition 2:</p> <p><i>a.</i> An abode maintained while on temporary duty or while attending a specialized training school away from your permanent duty station. A member who is otherwise considered to maintain a place of abode outside his or her State of legal residence does not lose the place of abode solely because of performance of duty at another location if such place of abode is still maintained by the member.</p> <p><i>b.</i> Quarters occupied by a barracks, on shipboard, or in bachelor officer quarters at your permanent duty station. This restriction applies only to New Jersey and New York residents. If your status under condition 2 is unclear, you should <u>consult your legal assistance officer before completing the form.</u></p> <p>If the spouse and family of a married individual in military service continue to reside in the State of legal residence, their abode is considered to be an abode maintained by the service member. Condition 1 would therefore not be met.</p> <p>Effective date of exemption election. Withholding of State income tax will stop the month after the month in which the certificate is filed. Retroactive adjustments will not be made.</p> | | |

CHAPTER 16

TRAVEL

16-1 PCS TRAVEL VOUCHERS

- a. **General.** All Soldiers are entitled to reimbursement during PCS travel except no cost moves where nothing was moved. PCS travel will be settled during in-processing brief at the gaining PDS.
- b. **Documents Required.**
 - (1) A complete sets of PCS orders, amendments, and DD 1610 if applicable.
 - (2) 1 original DA Form 31.
 - (3) One copy of commercial transportation tickets (plane, train, etc.) if SM paid for.
 - (4) All receipts \$75.00 and over.
 - (5) Statements of non-availability of mess/quarters while TDY in route.
 - (6) DD Form 1610 orders for TDY in route.
 - (7) Completed DD Form 1351-2.
- c. **Dependent PCS Travel.**
 - (1) To file a family member travel voucher, family members must have completed their move to the final destination. The same documentation, with the exception of 2, 5-7, as listed above is required to file travel settlement for dependents.
 - (2) If family members arrive with the Soldier, their travel will be completed with the Soldier's travel voucher during in-processing.
 - (3) If family members do not accompany the Soldier, but will arrive at a later date, the family member travel voucher should be completed and submitted to DMPO once their move is completed through the S-1 on a UTL to:
dfas.riley.fjl.mbx.dmpo-riley-iop@mail.mil
- d. **Personal Procurement Move (PPM) (formerly DITY).** All Soldiers requiring payment for PPM either advance or settlement must go to the local transportation office for assistance.
- e. **Separation Travel Settlement.**
 - (1) Separation Travel Settlements should be submitted via email to:
DFAS-milpcs@mail.mil
 - (2) Documents Required:
 - (a) DD Form 1351-2

(b) Separation Orders

(c) Receipts for legitimate reimbursable expenses over \$75.00

g. Payment. All PCS Travel Settlements are verified by the DMPO at In/Out Processing and upon completion faxed to DFAS-IN for payment. On an average, settlements take up to 20 business days to be processed. Separation travel will be paid 20 business days after separation date

16-2 TEMPORARY DUTY TRAVEL

a. General. Soldiers are entitled to travel and transportation allowances only while in a "travel status". Soldiers may also be authorized FSA-T, see Para. 4-3c. Soldiers are in a travel status while performing travel away from their PDS on public business under competent travel orders, including necessary delays enroute. Travel status begins when the Soldier leaves the residence, unit, or other points of departure and ends when the Soldier returns to the residence, unit, or other points of arrival at the conclusion of the TDY.

(1) DMPO has no mission related responsibilities for actions relating to TCS or TDY advances or settlements. Soldiers should be utilizing the Defense Travel System (DTS) for advances and settlements as required by their command. They should also request a Government Travel Charge Card (GTCC). Ask you unit DTS Administrator for more information.

(2) For assistance with voucher preparation please view the checklists and guides at the following link:
<https://www.dfas.mil/militarymembers/travelpay/armyactivetdy.html>

NOTE: If the traveler does not have a (GTCC) to request a Travel Advance you must complete DFAS Form 9213. This form can be obtained at the following link:
<https://www.dfas.mil/militarymembers/travelpay/forms.html>

TRAVEL CLAIMS

Active Duty TDY and TCS (deployment) Vouchers

DFAS-ContingencyTravel@mail.mil FAX: (317) 275-0332

Reserve TCS (Deployment Vouchers)

DFAS-ReserveTravel@mail.mil FAX: (317) 275-0334

TO SPEAK TO SOMEONE AT THE DFAS TRAVEL OFFICE PLEASE CALL:

CUSTOMER CARE CENTER: TOLL FREE 1-888-332-7366

**NOTE: PLEASE CONTACT THE LOCAL DMPO FIRST (PCS TRAVEL ONLY) or
CHECK VOUCHER STATUS ON LINE ([HTTP://WWW.DFAS.MIL/PCSTRavel/
CHECKVOUCHERSTATUS.HTML](http://www.dfas.mil/PCSTRavel/CheckVoucherStatus.html)) PRIOR TO CALLING THE CCC.**

CHAPTER 17

CIVILIAN CLOTHING ALLOWANCE

17-1 GENERAL

In addition to any other clothing allowance authorized, Service members (officer or enlisted) directed by competent authority to dress in civilian clothing more than half the time when performing official duty, as a military requirement, may be authorized a Civilian Clothing Allowance. By law, an officer is authorized a Civilian Clothing Allowance only if his or her permanent duty station is outside the United States. During any period in which an enlisted member is on an assignment requiring the wear of civilian clothing, the applicable replacement allowance for uniform items continues to accrue.

17-2 TYPES OF CIVILIAN CLOTHING ALLOWANCE

- a. **Permanent Duty Civilian Clothing Allowances.** The Permanent Duty Civilian Clothing Allowance has two (2) parts, the Initial Civilian Clothing Allowance and the Replacement Civilian Clothing Allowance. The Initial Civilian Clothing Allowance is payable upon assignment to qualifying permanent duty when authorized by the Service concerned. When entitled, the Replacement Civilian Clothing Allowance is payable annually at the end of the service member's anniversary month using the applicable rate then in effect.

- (1) Initial Civilian Clothing Allowance: An Initial Civilian Clothing Allowance shall not be paid more frequently than once in any three (3)-year period nor shall it be paid if the member has been out of a qualifying assignment for less than 12 months. If the member receives a follow-on permanent assignment requiring the wear of civilian clothing within three (3) years of receiving an Initial Civilian Clothing Allowance, or within 12 months of occupying a qualifying assignment, then he or she will receive the Replacement Civilian Clothing Allowance at the end of the original anniversary month.
- (2) Replacement Civilian Clothing Allowance: At the end of the anniversary month of the member commencing the qualifying assignment, a Replacement Civilian Clothing Allowance is payable if it is projected that he or she will serve at least six (6) additional months in a qualifying assignment. The member becomes entitled upon authorization of the Service concerned. If it is projected that the member will remain in the assignment less than six (6) months beyond the anniversary month, then no Replacement Civilian Clothing Allowance will be authorized. However, if the member then actually serves six (6) or more months in the assignment past the anniversary month, then the replacement allowance will be paid.

b. Temporary Duty Civilian Clothing Allowances. Generally, the Temporary Duty Civilian Clothing Allowance is for use when the Permanent Duty Civilian Clothing Allowance is not applicable. The Temporary Duty Civilian Clothing Allowance has two maximum rates, one for temporary duty of at least 15 days within any 30-day period and one for temporary duty of at least 30 days within any 36-month period. The total amount of all Temporary Duty Civilian Clothing Allowances payable in any 36-month period will not exceed the maximum allowed for temporary duty of at least 30 days.

(1) Temporary Duty of at Least 15 Days: When competent authority determines the member will be on temporary duty at least 15 consecutive or accumulative days within a 30-day period. The 15-day threshold requirement does not apply to Explosive Ordnance Disposal and Explosive Detector Dog Personnel on United States Secret Service Support Duty, Defense Courier Service couriers, or Defense Threat Reduction Agency military personnel. These personnel may be authorized up to the maximum payment for temporary duty of at least 30 days, upon their initial temporary duty assignment, regardless of the length of their temporary duty.

(2) Temporary Duty of at Least 30 Days: When competent authority determines that a member will be on temporary duty at least 30 consecutive or accumulative days within a 36-month period, the maximum amount payable less any amount paid within the past 36-month period.

(3) Additional Temporary Duty Payments: In exceptional circumstances, the appropriate official, or the designated official, may make an exception to the maximum allowance permitted in a 36-month period and may authorize an additional payment of a 15-day or 30-day allowance or some lesser amount. This authority may not be delegated below the level of an Assistant Secretary in the Army.

17-3 PAYMENT OF CIVILIAN CLOTHING ALLOWANCE

a. Lump Sum Payments. A Service may be given authority to pay the Initial Civilian Clothing Allowance and up to two Replacement Civilian Clothing Allowance payments in an up-front lump sum to members when it is projected that they will continue to meet the eligibility criteria for a Civilian Clothing Allowance on a career basis. Such a lump-sum payment may be made only one time in a member's career and that is when the member first becomes eligible for the allowance. On the first or second anniversaries after a lump-sum initial payment; if it is determined the member actually will not be remaining in a qualifying position for at least the next six (6) months, the annual unearned portion for the year(s) not served will be recouped from the member. At the end of the anniversary months for the third and subsequent years of eligibility, the member will be paid the Replacement Civilian Clothing Allowance.

b. Prior Civilian Clothing Payments: A member assigned to duty for which a Permanent Duty Civilian Clothing Allowance is authorized will have that allowance

reduced by the prevailing value of any Temporary Duty Civilian Clothing Allowance received within the preceding 12 months.

c. Payment Procedures.

- (1) SM's unit submits a Request Memo to the Soldier unit's MACOM with all the required information IAW AR 700-84, Para 8-5, b.
- (2) MACOM approves it on a separate approval memo with the statement "CCA for SFC John Doe is approved".
- (3) MACOM sends the approval and request memos to the DMPO for payment processing.

d. Amounts Payable.

| CIVILIAN CLOTHING ALLOWANCES FOR OFFICERS AND ENLISTED MEMBERS EFFECTIVE OCTOBER 1, 2018 | |
|---|---|
| When an officer or enlisted member is entitled to a Civilian Clothing Allowance for: | then the amount of payment is (notes 1 and 2): |
| 1. Permanent duty initial payment | \$1081.44 |
| 2. Permanent duty annual replacement payment | \$360.72 |
| 3. Temporary duty of at least 15 days in a 30-day period (note 3) | \$360.72 |
| 4. Temporary duty of at least 30 days in a 36-month period | \$721.08 |

NOTES:

1. By law, an officer is authorized a civilian clothing allowance only if the officer's permanent duty station is outside the United States.
2. Unless exception is given, the maximum amount payable for all temporary duty performed in any 36-month period will not exceed the maximum prescribed for duty of at least 30 days.
3. The 15-day qualification requirement does not apply to explosive Ordnance Disposal and Explosive Detector Dog personnel on United States Secret Service support duty, Defense Courier Service couriers, or Defense Threat Reduction Agency military personnel. These personnel may be authorized up to the maximum Temporary Duty Civilian Clothing Allowance for 30 days upon their initial temporary duty travel requirement. (DoD FMR Vol 7A, Chap 29)

***NOTE: Refer to DoD FMR Vol 7A, Chap 29 for the most current rates.**

CHAPTER 18

RESERVE PAY PROCESSING

18-1 IN-PROCESSING

- a. General.** DMPO will conduct in-processing briefings for all mobilized soldiers. Any Reserve Component (RC) Soldier attending Active Duty for Training (ADT) 30 days or over will be in-processed at that time. Reserve Component soldiers conducting less than 30 days ADT can be assisted through providing information only.
- b. DMPO will do the following:**
- (1) Travel Settlement Submissions for movement from the primary residence to the primary duty station.
 - (a) Per Diem. Per Diem is filed upon return to home station. Soldiers accrue \$5.00 per day in CONUS and \$3.50 per day in OCONUS for Incidental Expenses. Soldiers also receive per diem based on the Soldiers' TDY/TCS location Command to house, mess and transport mobilized Soldiers.
 - (2) Bring the Soldier under Fort Riley DMPO for pay support.
 - (3) Process leave forms throughout the mobilization.
 - (a) Regular Leave will be charged accordingly.
 - (b) Non-chargeable leave will be reported but not charged.
 - (4) Process all entitlements authorized for the Soldier.
 - (5) Stop all entitlements that are no longer authorized.
 - (6) Fix any previous pay issues from current mobilization that have not been corrected.
 - (a) Issues from previous mobilizations cannot be resolved by the DMPO, however we are glad to assist in providing information and to resolve the issue.
 - (7) Offer answers to DMPO related questions.
- c. Documents Needed**
- (1) Orders and all amendments (1 copy)
 - (2) DA Form 31 (Leave Document)
 - (3) DD Form 1351-2 (Travel Voucher) with all supporting documents
 - (4) DD Form 5960- must be current and signed by unit commander
 - (5) Other documents as directed such as: Marriage Certificate, Birth Certificate, Lease Agreement or Divorce Decree

- (6) Previous Tour orders and amendments if no break in service.

d. Entitlements

- (1) **Basic Pay.** Reserve components Soldiers' pay will remain on the RC Pay System. Mobilized Soldiers on tours over 30 days will be paid mid-month and end-of-month.
- (2) **BAS.** Soldiers' entitled to BAS will receive the same rate as the AC.
- (3) **BAH.** The BAH rate is based on rank, dependency status, and home of residence or duty zip code, type of order, and length of tour. The 5960 must be provided at the time of in-processing in order to receive the with dependent rate. (DODFMR Vol7a, Chap 26)
 - (a) Soldiers on TCS orders are authorized BAH based on the primary residence unless authorized HHG transportation.
 - (b) Soldiers on ADT orders of 30 days or less are authorized BAH-RC
 - (c) Soldiers are authorized BAH based on the primary duty station if HHG transportation is authorized.
 - (d) Soldiers not entitled to HHG transportation are entitled to BAH based on the primary residence.
 - (e) Exceptions to policy are for the service member to receive BAH based on the primary duty station. This differs from the Active component.
 - (f) Soldiers with BAH changes will need to provide the 5960 to both their home unit and the DMPO. Soldiers changing from without dependent to with dependent will continue to receive the without dependent rate until the unit processes the marital status changes in RLAS or SIDPERS.
- (4) **FSA.** Soldiers are entitled to FSA provided they were not authorized to move their dependents and not authorized PCS household goods and transportation. FSA will be stopped if dependents visit the duty station for 90 days or longer. Soldiers' entitled to FSA will receive the same rate as the AC.
- (5) **Special Pay.** Must submit copy of order authorizing special or incentive Pay. Paid at the same rate as AC Soldiers' and prorated for partial months. This action is handled by the Soldier's unit. Additional instructions maybe found on the mobilization orders.
- (6) **Hostile Fire Pay, Imminent Danger Pay, and HDP:** are the same as AC.
- (7) **Combat Zone Tax Exclusion:** All Soldiers will be entitled to federal income tax exclusion as long as they are assigned to a designated hostile fire area. Enlisted Soldiers will receive the exemption for the entirety of their pay. Officers will be capped for the tax exemption at the base pay of the Sergeant Major of the Army.
- (8) **Savings Deposit Program.** Soldiers who elect to participate in the

SDP follow the same guidelines as the AC. (See 11-1a. (7) above)

- (9) **Thrift Savings Program.** Mobilized Soldiers can submit a TSP-U-1, Thrift savings Plan, Election form to the servicing Personnel Office within 60 days of mobilization. You may submit a TSP-U-1 through your unit or use MYPAY.
- (10) **Conus Cola:** Service members called to duty in support of a contingency operation that were not authorized PCS household goods and transportation may be authorized conus cola for the address of the primary residence listed on the orders. The location must be designated as a high cost area. (DODFMR Vol 7a, Chap 67)
 - (a) If the orders are amended to authorize PCS household goods and transportation, then eligibility for Conus Cola ceases and it is stopped effective the day prior to orders effective date.
- (11) **Allotments.** All Reserve Soldiers remain on the RC Pay System. This means that YOU WILL NOT BE ALLOWED TO START AN ALLOTMENT. The RC Pay System DOES NOT permit input of allotment. It is advised to start an allotment with your financial institution.

18-2 OUT-PROCESSING

- a. **General.** DMPO will provide out-processing briefings to demobilizing soldiers. Any Reserve Component (RC) Soldier attending ADT for 30 days or over will be processed at that time.
- b. During Out-Processing DMPO will do the following:
 - (1) Submit input for tour stop or separation.
 - (2) Process leave and allowance payments
 - (a) Leave may be sold at the end of the tour. A DA 4187 must be submitted authorizing the sellback. The DD214 and DA 4187 must match and be submitted to the DMPO and to the SRP coordinator.
 - (3) **Uniform Allowance.** Reserve Component soldiers may be authorized a uniform allowance at the end of their tour.
 - (a) Officers that have not received more than \$200 of this entitlement within the last two years will receive \$200 additional allowance for active duty over 90 days. (DODFMR Vol 7a, Chapter 30)
 - (b) Enlisted soldiers may be entitled to the Basic Cash Clothing Allowance after serving six months of active duty. Soldiers cannot have previously received clothing allowance during the mobilization. Tours over six months and less than 365 days will be prorated. Tours that are 365 days will be paid one-half of the annual rate. Tours extended over 365 days will be one-half of the annual rate the first year and prorated for the number of additional months mobilized. (DODFMR Vol 7a, Chapter 29)

c. Documents Needed

- (1) REFRAD Orders and all amendments.
- (2) DA 137-1 (where applicable).
- (3) DA 481 (where applicable).
- (4) DA 4187 Leave Sellback or Leave Rollover
- (5) Certificate of Performance (where applicable).
- (6) DD 214
- (7) Supporting Documents

18-3 PAY CHANGES

- a. General.** All RC pay change documents should be submitted within 3 business days of their effective date to the DMPO rather than waiting until end of tour. Documents will be submitted to DMPO separate from AC documents via UTL as follows:

- (1) The UTL will contain the unit's ISC in the upper right corner.
- (2) Each UTL will be assigned a four (4)-digit control number. The first two (2) digits are the month of the year expressed numerically (August=08). The last two (2) digits will indicate the sequence number of the UTL submitted during the month (1st UTL-01, 2nd UTL=02).
- (3) The UTL will show the ISC, current UTL number, the last UTL number submitted and the date in the upper right corner.
- (4) Along with the UTL, the Supervisor will include the UTL Tracking Worksheet or other document which lists all documents being submitted on that UTL. (See Figure 2B)
- (5) The unit commander or his/her designated representative will sign the UTL.
- (6) Supervisors will ensure that all pay related documents initiated in the S-1 are forwarded to the DMPO within 24 hours of the effective date of the action.

CHAPTER 19

WOUNDED WARRIOR PAY MANAGEMENT PROGRAM

19-1 GENERAL

- a. **Purpose.** In late 2004, the Defense Finance and Accounting Service (DFAS) discovered that wounded Soldiers who had served in the Iraqi and Afghan theater of operations may have been erroneously overpaid or had debts for which subsequent collection may not be practical. In an attempt to fix and prevent the problems from occurring in the future, DFAS, in cooperation with the Army, developed and deployed the Wounded Warrior Pay Management Program in June of 2005.
- b. **Overview.** The program is a comprehensive process that links casualty, medical and financial information and provides it to DMPOs worldwide, allowing the pay community to identify and track wounded and ill Soldiers returning from theater. This reduces the likelihood that they will incur debt related to their deployment. The goal of the Wounded Warrior Pay Management Program is to provide VIP pay account management to all wounded Soldiers and their family members through face-to-face interaction, education of combat pay entitlements and travel pay, and forgiveness or cancellation of erroneous debts related to the Soldier's medical evacuation. DFAS ensures erroneous debts for wounded Soldiers are suspended to allow for a review of the Soldiers' accounts and forgiveness of eligible debts. Since August 2005, DFAS and the Army have forgiven over \$13 million in debts for Soldiers, thus preventing many Wounded Warriors from incurring financial hardship.
- c. **Expansion.** The Army and DFAS have established Wounded Warrior Pay Support teams at all major military installations, including all major Army medical treatment facilities. Each team is responsible for providing face-to-face customer support and to continuously review pay accounts for accuracy. From the time of medical evacuation, "boots on ground" DMPO support is provided to all wounded Warriors at each installation. Soldiers and their family members are provided with pay and entitlement information and educated on how the Soldier's patient status will affect his or her pay. Assistance in completing travel vouchers and invitational travel orders for Soldiers and their family members is also provided on site.

19-2 CONTACT INFORMATION

All assigned/attached WTB/WTU Soldiers will be processed by WTB Finance Bldg. 212. For family members of Wounded Warriors at medical treatment facilities (MTF), please visit the local DMPO for pay and entitlement inquiries. Soldiers and their families may also contact:

(1) Army Wounded Soldier and Family Hotline at 1-800-984-8523 DFAS Customer Service at 1-888-DFAS-411.

(2) Visit DFAS' Wounded Warrior webpage at:

<http://www.dfas.mil/militarypay/woundedwarriorpay.html>

For additional information on the Wounded Warrior Pay Management Program as well as answers to pay and entitlement questions. For Soldiers or family members that have received service from the Wounded Warrior Pay Management Team, please take a few minutes to provide feedback by clicking below:

[Family Member]

http://ice.disa.mil/index.cfm?fa=card&service_provider_id=106892&site_id=602&service_category_id=31

[Service Member]

http://ice.disa.mil/index.cfm?fa=card&service_provider_id=106688&site_id=602&service_category_id=31

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APPENDIX A

FORMAT ID's

| ALLOTMENTS | | TAXES | | PQ - SEPARATION PAYS | | ENTITLEMENTS |
|---------------------------|--|---------------------------|--|-------------------------|--|------------------------------|
| AA - ALLOTMENT ADDRESS | | FC - FICA WITHHOLDING | | PU - CURRENT MONTHS PAY | | 01 - BASE PAY |
| AB - BOND ALLOTMENT | | FC - ADDITIONAL FED W/H | | PV - COMFORT PAY | | 02 - FLPP |
| AC - CFC ALLOTMENT | | FF - TAX MARITAL STATUS | | P4 - NEXT MONTHS PAY | | 10 - DEMOLITION PAY |
| AD - DEPENDENT SUUPPORT | | FG - FEDERAL WITHHOLDING | | P7 - TOTAL ENT TO ALLOT | | 12 - FLIGHT PAY |
| AF - AER CONTRIBUTION | | FL - FEDERAL TAXABLE | | | | 15 - JUMP PAY |
| | | | | | | |
| | | | | BONUSES | | |
| AH - HOME LOAN PAYMENT | | FQ - EXEMPT | | | | 18 - OVERSEAS EXTN PAY |
| | | | | R2 - MEDICAL CONT PAY | | |
| AI - INSURANCE ALLOTMENT | | FS - STATE WITHHOLDING | | | | 19 - BOARD CERT PAY |
| | | | | R3 - RRB | | |
| AS - SAVINGS ALLOTMENT | | | | | | 20 - DENTAL PAY |
| | | HELD PAY | | R7 - SRB | | |
| AV - NUMBER OF ALLOTMENTS | | | | | | 22 - FOREIGN DUTY PAY |
| | | HA - START ACCRUAL | | R8 - EB | | |
| | | | | | | 23 - HOSTILE FIRE PAY |
| LEAVE BALANCES | | HG - GARNISHMENT | | | | |
| | | | | STATUS | | 24 - VARIABLE SPECIAL PAY |
| BL - ACCRUED LEAVE PAID | | HK - DUTY STATUS CHANGE | | | | |
| | | | | SA - ON STATION | | 25 - CONTINUATION PAY |
| BM - LEAVE BANK | | HV - DUTY STATUS BALANCE | | | | |
| | | | | SB - LEAVE | | 30 - SPECIAL DUTY ASSIGN PAY |
| BR - LEAVE BALANCE | | | | | | |
| | | LOCATION DATA | | SC - LES ADDRESS | | 33 - SRB |
| | | | | | | |
| COLLECTIONS | | LB - 3800-SURE PAY | | SG - PCS ARRIVAL | | 34 - EB |
| | | | | | | |
| C1 - PAYCHECK RECREDIT | | LC - SERVICING ADSN | | SH - PCS DEPARTURE | | 35 - BAQ |
| | | | | | | |
| C2 - CCV FOR INDEBTEDNESS | | LD - TDY ADSN | | SJ - AWOL | | 36 - BAQ-DIFF/SAVE PAY |
| | | | | | | |
| C3 - CCV FOR TLA | | LE - CORRECT DUTY COUNTRY | | SK - CONFINEMENT | | 38 - AVIATOR CON PAY (ACP) |
| C5 - ALLOTMENT RECREDIT | | LF - FUTURE MAILING ADRS | | SL - DECEASED | | 39 - SUPPLEMENTAL BAS |
| | | | | | | |
| C9 - CV TOTAL | | LG - CHANGE PACIDN | | SN - FIELD DUTY | | 40 - BAS |
| | | | | | | |
| | | LH - START/CHG PAY OPTION | | SP - DESERTER | | 43 - OHA |

| | | | | |
|----------------------------|----------------------------|--|-----------------------------|---------------------------|
| | | | | |
| | LK - PAY OPTION CODE | | ST - SUSPENDED STATUS | 46 - COLA |
| | | | | |
| | | | SX - NUMBER OF STATUS | 63 - CMA |
| DEDUCTIONS | IDENTIFICATION | | | |
| | | | | 65 - FSA |
| DB - SGLI | MA - CHANGE SSAN | | TOUR | |
| | | | | 66 - INTERIM VHA |
| DC - DENTAL CARE | MC - CHANGE NAME | | TC - YEARS OF SERVICE | |
| DD - SOLDIER'S HOME | | | | 67 - DUAL VHA |
| | MD - PAY GRADE | | TG - ENTERED ACTIVE DUTY | |
| DE - MONTRGOMERY GI BILL | | | | 68 - VHA |
| | ME - SEX CHANGE | | TH - ETS | |
| DF - MONETARY PUNISHMENT | | | | 74 - LUMP SUM LEAVE |
| | MG - STATE OF LEGAL RES | | TI - CORRECT ENLIST DATES | |
| DG - GPLD/REPORT OF SURVEY | | | | 77 - SEVERANCE PAY |
| | MJ - ACCESSION/SEP CONFIRM | | TK - PAY DATE (PEBD) | |
| DN - MEAL DEDUCTION | | | | 79 - TLA |
| | | | TL - OFFICER W/4 YRS ENLIST | |
| DQ - COLLECT OVERPAYMENT | MEMORANDA | | | 85 - ENTITLEMENT ADVANCE |
| | | | TP - SERVICE COMPONENT | |
| DR - OVERWEIGHT HHG'S | N6 - TLA | | | 86 - QUASI ADVANCE |
| | | | TS - TERM OF ENLISTMENT | |
| DS - START MISC DEBT | N7 - REENLIST/SEP PENDING | | | |
| | | | TT - TAFMSD | ACTION EVENT CODES |
| DT - CHANGE AP COLL AMT | N8 - DFAS MEMO'S OF CASES | | | |
| | | | TU - ETS OR EXTENSION | B - LEAVE EXCEPT XS LEAVE |
| DV - ADVANCE PAY | | | | |
| | | | | |
| | PAYMENTS | | TZ - CORRECT OFF DATES | C - LONGEVITY |
| | | | | |
| | | | | |
| DW - INDEBTEDNESS PYMTS | | | | |
| | PA - ADVANCE PAYS | | | D - PROMOTION/REDUCTION |
| DZ - INDEBTEDNES CODES | | | COMPANY CODES | |
| | PB - ARREARS OF PAY | | | E - ACCESSION |
| | | | SURE PAY C - M - S | |
| MISCELLANEOUS | PC - CASUAL PAYS | | | G - PCS ARRIVAL |
| | | | SAV AND LOAN BANKS - H | |
| E4 - SEPARATION IN CONUS | PE - DEATH GRATUITY | | | H - PCS DEPARTURE |
| | | | CREDIT UNIONS - J | |
| E5 - FINAL SEPARATION | PF - RELEASE OF HELD PAY | | | J - AWOL |
| | | | INSURANCE - K | |
| E6 - REENLISTMENT | PH - PRIOR EOM PAY | | | K - CONFINEMENT |
| | | | MORTGAGES/GOVT - X | |

| | | | | | |
|----------------------|--|-------------------------|--|-------------------|----------------------|
| E7 - COURT MARTIAL | | PJ - MED/DENTAL BONUSES | | | P - DESERTER |
| | | | | RED CROSS - G | |
| E8 - ARTICLE 15'S | | PK - PARTIAL PAY (TLA) | | | T - SUSPENDED STATUS |
| | | | | AER LOANS - W | |
| | | PL - SRB | | | V - SEPARATION |
| | | | | CFC - P | |
| | | PN - PRIOR MIDMO PAYS | | | X - EXCESS LEAVE |
| | | | | | |
| | | | | | Z - MASS RATE CHANGE |
| ACTION CODES: | | | | | |
| 01- START | | 02- STOP | | 03- REPORT | 04 – CHANGE |
| 05 – CORRECT | | 06 – CANCEL | | 07 – INCREASE | 08- DECREASE |
| 18 – SUSPEND (DEBT) | | 20 – RESUME (DEBT) | | 21 – REMIT (DEBT) | |

APPENDIX B

CONTACT ROSTER **DEFENSE MILITARY PAY OFFICE** BUILDING 210, 212

| | |
|--------------------------------|--------------|
| Director | 785 239-6198 |
| Deputy Director | 785 239-6244 |
| Processing | 785 240-1508 |
| Customer Service | 785 239-6189 |
| Reserve Pay | 785 240-1506 |
| Separations | 785 239-2525 |
| In/Out Processing/Travel | 785 239-8821 |
| Wounded Warrior Pay Management | 785 239-6138 |

DMPO MAILBOXES (Do NOT copy - Please use the “To” button)

CUSTOMER SERVICE:

dfas.riley.jfl.mbx.dmpo-riley-pay-inquiry@mail.mil

PROCESSING SECTION:

dfas.riley.jfl.mbx.dmpo-riley-utl@mail.mil

SEPARATIONS/RETIREMENTS:

dfas.riley.jfl.mbx.dmpo-riley-separations@mail.mil

IN and OUT PROCESSING/TRAVEL:

dfas.riley.jfl.mbx.dmpo-riley-iop@mail.mil

RESERVE PAY:

dfas.riley.jfl.mbx.dmpo-riley-utl@mail.mil

APPENDIX C

SmartVoucher

Access SmartVoucher with your **MyPay** username and password or CAC. For use when completing the following types of vouchers:

- Military temporary duty (TDY) travel

- Military permanent change of station (PCS) travel

- Dependent Travel Claims if not submitted during your in-processing briefing

- Temporary Lodging Expense (TLE), if not submitted during your in-processing briefing Supplemental Travel Claims

- Civilian temporary duty (TDY) travel

Note: Not for use with civilian relocation (or PCS) moves.

The SmartVoucher makes it easier to complete travel vouchers by guiding you step-by-step through a series of questions then it creates a completed DD Form 1351-2.

SmartVoucher makes sure all the required fields are filled in to create a complete and accurate voucher. Errors take time to correct and delay payment, use the SmartVoucher to avoid mistakes.

You'll get a list of supporting documents based on the answers you provided. Be sure to include those with your DD Form 1351-2. Don't forget to print the form to get the required signatures before submitting.

To upload securely online, use Travel Voucher Direct.

To find another method for sending to your claim read the Where to Submit guide to make sure you send your claim to the appropriate DFAS office. You can, if you prefer, send via fax, email, mail or take to your local Defense Military Pay Office (DMPO) for forwarding to DFAS-Rome.

Travel Direct

Upload your travel voucher and supporting documents online.

[Travel Voucher Direct](#) is available for all travel claims computed and paid by DFAS.

Not for those using DTS (Defense Travel System) for their travel vouchers.

Please see the following instructions to get to the DFAS website:

Open your internet browser

Type **DFAS.mil**

Click on **MILITARY MEMBER**

Click on **TRAVEL PAY**

Click on **SMART VOUCHER**

Once you are finish completing the form, have the required documentation (orders and receipts), and signatures you are ready to upload your travel claim for processing by DFAS.

Click on **TRAVEL PAY**

Click on **TRAVEL VOUCHER DIRECT**

Follow the instructions provided.