

**Personnel  
&  
Finance  
Overview**

**Directorate of Human Resources  
U. S. Army Garrison HQS  
Picatinny Arsenal**

IMNE-PIC-HD  
Bldg 34 North  
Picatinny Arsenal, New Jersey 07806  
973-724-5829

# Personnel and Finance

## Easy Reference Guide

### Purpose:

- The purpose of this easy reference guide is to assist you in preparation for your first duty assignment. By reporting to your duty location with all the necessary documents and basic understanding of personnel and finance, you will be able to better direct your efforts to your training.
- This guide is not a “Catch-all”, nor is it doctrine.
- It is our hopes that you report to your first assignment after training with the tools necessary to guide your Soldiers.

### Getting Started

- We begin our easy reference with the basic steps to complete prior to your departure. Completing your DEERS enrollment and gathering the necessary information needed to complete your basic records.
- We then touch on your benefits to include life insurance, family life insurance, entitlements in the event of your death. This overview will deem invaluable in your financial planning efforts for the future.
- Finance to include base pay, allowances and entitlements are listed in this easy reference as well.

# Personnel and Finance

## Useful Websites

### **Army Regulations/Forms**

[www.usapa.army.mil](http://www.usapa.army.mil)

### **I. D. Cards**

<http://www.dmdc.osd.mil/rsl/owa/home>

### **Life Insurance**

[www.va.gov](http://www.va.gov)

### **Finance**

#### **myPay**

<https://mypay.dfas.mil>

### **Defense Finance & Accounting System**

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

### **Pay Tables and Calculators**

<http://www.defenselink.mil/militarypay/index.htm>

### **Joint Federal Travel Regulation**

<https://secureapp2.hqda.pentagon.mil/perdiem/>

### **Health Insurance**

#### **TRICARE Medical Benefits**

[www.tricare.osd.mil](http://www.tricare.osd.mil)

#### **TRICARE Dental Program for Family Members**

[www.unitedconcordia.com](http://www.unitedconcordia.com)

### **Personnel Matters**

#### **Human Resources Command**

<https://www.hrc.army.mil/indexflash.asp>

#### **Army Knowledge Online**

<https://www.us.army.mil>

# ID Cards/DEERS

Identification Cards for Members of the Uniformed Services,  
Their Eligible Family Members and other Eligible Personnel

AR 600-8-14

Dated 20 December 2002

Commonly referred to as I. D. Cards or DEERS, this is the regulation in which you and your family members become eligible to receive benefits and I. D. Cards.

The DD Form 1172 is the source document for this program.

## **What are the benefits of this enrollment?**

Aside from being mandatory, this enrollment feeds the systems that provide you with your health, medical, dental, life insurance, Morale, Welfare and Recreation, PX, Commissary and finance and personnel benefits. Keeping this information up to date is imperative to continuity of services.

## **What do I need to do?**

1. Your service branch initially inputs your eligibility. This information only includes you..
2. Contact an I. D. Card facility to make an appointment. (visit website for locations)
3. Bring with you photo identification in the form of a valid driver's license, valid foreign or US issued passport, your birth certificate, social security card, marriage license and those documents of any dependants. All documents must be originals. There are no exceptions to this policy! The new I. D. Card system will not allow for a CAC to be made!
4. You will be required to obtain a Common Access Card. (Military I. D. Card). You will need your AKO email address to obtain this card. This will require you to input a six to eight digit pin number in which you are expected to easily remember.
5. Your family members (spouse and children) will receive a DoD Dependant I. D. Card as well. All adult Family Members must present a valid photo identification as well as children over 18.
6. As you have changes in your address, marital status etc, you must go to an I. D. card facility to make those changes.

PICATINNY ARSENAL ID CARD SECTION: 973-724-3145

By appointment only, M-F 0830-1615

# ID Cards/DEERS cont.

Please read Privacy Act Statement and Agency Disclosure Notice prior to completing this form.

## APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD DEERS ENROLLMENT

OMB No. 0704-0020  
OMB approval expires  
Sep 30, 2008

SECTION I SPONSOR INFORMATION	1. NAME (Last, First, Middle)	2. SEX	3. SSN (or SIN)	4. STATUS	5. BR OF SERVICE				
	6. PAY GRADE	7. RANK	8. GEN. CAT	9. TYPE OF CARD ISSUED	10. ID NO.	11. LAST UPDATE (YYYYMMDD)	12. V/I		
	13. CURRENT RESIDENCE ADDRESS			14. SUPPLEMENTAL ADDRESS INFORMATION					
	15. CITY	16. STATE	17. ZIP CODE	18. COUNTRY	19. LIC	20. HOME TELEPHONE NO. (Include Area Code)			
	21. DATE OF BIRTH (YYYYMMDD)	22. BLOOD TYPE	23. COLOR EYES	24. COLOR HAIR	25. HEIGHT	26. WEIGHT	27. MEDICARE	28. MARITAL STATUS	
29. ELIG ST/INC EFF DATE (YYYYMMDD)	30. CARD EX/ELIG END DATE (YYYYMMDD)	31. PRIVILEGES AUTHORIZED (If/when correct abbreviation AFTER privilege)			32. END ELIG REASON				
33. NAME (Last, First, Middle)		34. SEX	35. RELATIONSHIP	36. SSN	37. ID NO.				
38. LAST UPDATE (YYYYMMDD)		39. V/I	40. CURRENT RESIDENCE ADDRESS		41. SUPPLEMENTAL ADDRESS INFORMATION				
42. CITY		43. STATE	44. ZIP CODE	45. COUNTRY	46. HOME TELEPHONE NO. (Include Area Code)	47. DATE OF BIRTH (YYYYMMDD)			
SECTION II DEPENDENT INFORMATION	48. MBI	49. STU	50. INCAP	51. MEDICARE	52. COLOR EYES	53. COLOR HAIR	54. HEIGHT	55. WEIGHT	56. MARITAL STATUS DATE (YYYYMMDD)
	57. ELIG ST/INC EFF DATE (YYYYMMDD)	58. CARD EX/ELIG END DATE (YYYYMMDD)	59. PRIVILEGES AUTHORIZED (If/when correct abbreviation AFTER privilege)			60. END ELIG REASON			
	61. NAME (Last, First, Middle)		62. SEX	63. RELATIONSHIP	64. SSN	65. ID NO.			
	66. LAST UPDATE (YYYYMMDD)		67. V/I	68. CURRENT RESIDENCE ADDRESS		69. SUPPLEMENTAL ADDRESS INFORMATION			
	70. CITY		71. STATE	72. ZIP CODE	73. COUNTRY	74. HOME TELEPHONE NO. (Include Area Code)	75. DATE OF BIRTH (YYYYMMDD)		
SECTION III SPONSOR DECLARATION AND REMARKS	76. MBI	77. STU	78. INCAP	79. MEDICARE	80. COLOR EYES	81. COLOR HAIR	82. HEIGHT	83. WEIGHT	84. MARITAL STATUS DATE (YYYYMMDD)
	85. ELIG ST/INC EFF DATE (YYYYMMDD)	86. CARD EX/ELIG END DATE (YYYYMMDD)	87. PRIVILEGES AUTHORIZED (If/when correct abbreviation AFTER privilege)			88. END ELIG REASON			
	89. REMARKS (City legal documentation, as applicable.)		NOTARY SIGNATURE AND SEAL						
	I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)								
	90. SIGNATURE		91. DATE SIGNED (YYYYMMDD)						
SECTION IV ISSUED BY	92. TYPED NAME (Last, First, Middle)		93. PAY GRADE	94. UNIT/COMMAND NAME					
	95. TITLE	96. LIC	97. DUTY PHONE NO.	98. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)					
	99. SIGNATURE		100. DATE VERIFIED (YYYYMMDD)						
SECTION V ISSUED BY	101. TYPED NAME (Last, First, Middle)		102. PAY GRADE	103. UNIT/COMMAND NAME					
	104. TITLE	105. LIC	106. DUTY PHONE NO.	107. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)					
	108. SIGNATURE		109. DATE ISSUED (YYYYMMDD)						
SECTION VI RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED								
	110. SIGNATURE		111. DATE ISSUED (YYYYMMDD)						

DD FORM 1172, SEP 2005

PREVIOUS EDITION MAY BE USED.  
This form valid for issue of ID card 90 days from date of verification.

Reset

Adobe Professional 7.0

The public reporting burden for this collection of information is estimated to average 10 minutes 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, Executive Service Directorate (0704-0020). 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.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.  
RETURN COMPLETED FORM TO THE UNIFORMED SERVICE ID CARD ISSUING FACILITY.**

### SECTION VII - PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. sections 1061 - 1065, 1072 - 1074, 1074a - 1074c, 1076, 1076a, 1077, 1095(k)(2), E.O. 9397.

**PRINCIPAL PURPOSE(S):** To apply for the Uniformed Services Identification Card and/or DEERS Enrollment.

**ROUTINE USE(S):** To appropriate business entities, individual providers of care, and others, on matters relating to claims adjudication, program abuse, utilization review, professional quality assurance, medical peer review, program integrity, third party liability, coordination of benefits, and civil and criminal litigation.

To the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration, and to other Federal, state, and local government agencies to identify individuals having benefit eligibility in another plan or program.

Applicant information is subject to computer matching within the Department of Defense or with other Federal or non-Federal agencies. Matching programs are conducted to assure that an individual eligible under a Federal program is not improperly receiving duplicate benefits from another program. A beneficiary or former beneficiary who has applied for privileges of a Federal Benefit Program and has received concurrent assistance under another plan will be subject to adjustment or recovery of any improper payments made or delinquent debts owed.

**DISCLOSURE:** Voluntary; however, failure to provide information may result in denial of a Uniformed Services Identification Card and/or non-enrollment in the Defense Enrollment Eligibility Reporting System. Failure to provide a beneficiary's Social Security Number renders that beneficiary ineligible for health care services in Military Treatment Facilities. However, emergency health care services will be provided to the extent furnished members of the general public.

### SECTION VIII - CONDITIONS APPLICABLE TO SPONSOR OR APPLICANT

I understand that the actions of the recipient(s) of the "Uniformed Services Identification Card" issued as a result of this application are my responsibility insofar as proper use of the card for benefits and privileges authorized; i.e., medical and dental care, exchange, commissary, and morale, welfare, and recreation programs. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations, and will notify an agency designated to grant authorization for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his/her designee, as to

availability of space, facilities, and the capabilities of the medical staff shall be conclusive.

Reimbursement shall be required for any unauthorized medical and dental care furnished at government expense. Copies of regulations concerning eligibility requirements are available in the Service Personnel Offices.

By signing this document, the sponsor or applicant certifies that he/she is aware that eligibility for benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) terminates for all beneficiaries, except spouses and children of active duty members, and certain disabled beneficiaries under 65, when the beneficiary becomes eligible for Medicare Part A, Hospital Insurance, through the Social Security Administration.

**PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS  
IN CONNECTION WITH CLAIMS: FINE OF UP TO \$10,000 OR  
IMPRISONMENT FOR UP TO FIVE YEARS OR BOTH.**

(ACT June 25, 1948, 18 U.S. Code 287, 1001)

DD FORM 1172 (BACK), SEP 2005

# DD93/Emergency Data dtd Jan 2008

## Purpose

This document is used to contact your spouse, children and next of kin in the event of injury, illness or death and is used to designate beneficiaries of certain benefits if you die. It is your responsibility to keep this document up to date. It expresses your desires as to the beneficiaries to receive certain death payments and to show changes in your family status.

You will fill this form out at every new duty station and certify annually. This is a legally binding document. You will need the names, addresses, date of birth and telephone numbers of those you list on this form. (Spouse, children, father, mother, brothers and sisters if you designate).

**Designated person 9a:** This Person should be someone other than the Primary Notification Beneficiary. It is for notification only. Can be a Sibling, Friend, or other entity. Not a beneficiary.

## **Death Gratuity: (Item 11a)**

Soldiers may designate up to 10 beneficiaries to receive the \$100,000 death gratuity (DG) entitlement. This designation may be someone not listed under Title 10, Section 1477 (A). Soldiers may elect to designate in ten percent increments, up to the maximum of 50 percent. The undesignated portion of the DG will be paid to the Soldier's living survivors in the order of precedence established in Title 10, section 1477. If no beneficiary is designated, the full DG will be paid in accordance with Title 10, Section 1477. If someone other than the spouse is designated, a notification must go out to the spouse to let them know that someone other than them will receive the gratuity.

**Person Authorized To Direct Disposition (PADD):** Listed in Item 13. Person Authorized Direct Disposition. List name, address, relationship and telephone numbers.

The PADD is a person designated by you to have full legal authority to direct the disposition of your remains upon death. This person will make all the decisions regarding your funeral, how your body is serviced and where you are buried.

\*\*Please ensure that

- \*you have made all your wishes clear to this person you designate.
- \*they are prepared to carry out your wishes.
- \*you tell your spouse if you have designated someone else.

# DD93/Emergency Data dtd Jan 2008 cont.

RECORD OF EMERGENCY DATA			
<p align="center"><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).  <b>PRINCIPAL PURPOSES:</b> This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.  <b>ROUTINE USES:</b> None.  <b>DISCLOSURE:</b> Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.</p>			
<p align="center"><b>INSTRUCTIONS TO SERVICE MEMBER</b></p> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.</p>		<p align="center"><b>INSTRUCTIONS TO CIVILIANS</b></p> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death. It does not have a legal impact on other forms you may have completed with the DoD or your employer.</p>	
<p><b>IMPORTANT:</b> This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.</p>			
SECTION 1 - EMERGENCY CONTACT INFORMATION			
1. NAME (Last, First, Middle Initial)		2. SSN	
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. REPORTING UNIT CODE/DUTY STATION
4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
5. CHILDREN		b. RELATIONSHIP	d. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
a. NAME (Last, First, Middle Initial)			
6a. FATHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
7a. MOTHER NAME (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD		
9a. DESIGNATED PERSON(S) (Military only)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER		
10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)			

SECTION 2 - BENEFITS RELATED INFORMATION			
11a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)		b. RELATIONSHIP	d. PERCENTAGE
12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	c. PERCENTAGE
13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADU) (Military only) NAME AND RELATIONSHIP		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	
14. CONTINUATION/REMARKS			
15. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)		16. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)	17. DATE SIGNED (YYYYMMDD)

# DD93/Emergency Data dtd Jan 2008 cont.

## INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. Military: Mark X in appropriate block. Civilian: Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/matrimony has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.  
a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None".  
b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a. If "None" is entered in Item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655. NOT APPLICABLE to civilians.

ITEM 9b. Address and telephone number of Designated Person(s). NOT APPLICABLE to civilians.

ITEM 10. Contracting Agency and Telephone Number (Contractors only). NOT APPLICABLE to military personnel. Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuity (Military only). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

- (1) To the surviving spouse of the person, if any;
- (2) To any surviving children of the person and the descendants of any deceased children by representation;
- (3) To the surviving parents or the survivor of them;
- (4) To the duly appointed executor or administrator of the estate of the person;
- (5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.

## INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. NOT APPLICABLE to civilians.

Item 11b. Relationship. NOT APPLICABLE to civilians.

ITEM 11c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. NOT APPLICABLE to civilians.

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (Military only). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. NOT APPLICABLE to civilians.

ITEM 12b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 12c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. NOT APPLICABLE to civilians.

ITEM 13a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. NOT APPLICABLE to civilians.

ITEM 13b. Address and telephone number of PADD. NOT APPLICABLE to civilians.

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This item is an ink entry and must be completed on all copies.

# Servicemember Group Life Insurance/SGLV 8286

## Servicemembers Group Life Insurance

-Coverage: Active Duty—24 hours a day, Reserve Component, must be assigned to a unit which you are scheduled to perform at least 12 periods of inactive duty that is creditable for retirement purposes — then you are covered 24 hours a day!

-Costs: 6.5 cents per thousand effective 1 July 2008.

Until then, 7 cents per thousand.

-You may name anyone without his/her consent.

-If you elect anyone other than your legal spouse, notice will be sent to your spouse.

-Do not delay if you do not have a social security number. Name and current address is sufficient.

## Some facts

-SGLI claims are paid regardless of body armor or helmet type.

-Wearing body armor or a helmet is not a requirement for an SGLI claim to be paid.

-SGLI claims are paid regardless of whether the member was or was not wearing a seatbelt

-If you are not wearing a motorcycle helmet, your SGLI proceeds are still paid to your beneficiary.

-SGLI is payable if you die in a terrorist attack

-There are no war or terrorism exclusions that prevent payment of SGLI

-SGLI claims are paid regardless of the location of the death

## How can SGLI be forfeited?

Only when the insured member is found guilty of mutiny, treason, spying or desertion or refuses, because of conscientious objections, to perform service in the Armed Forces of the United States, or refuses to wear the uniform of such force.

No insurance shall be payable for death inflicted as a lawful punishment for crime or for military or naval offense except when inflicted by an enemy of the United States.

# Servicemember Group Life Insurance/SGLV 8286 cont...

Print completed Form

Clear Form

Print Blank Form

## Servicemembers' Group Life Insurance Election and Certificate

Please read the instructions before completing this form.

Use this form to: (check all that apply)  
 Name or update your beneficiary  
 Reduce the amount of your insurance coverage  
 Decline insurance coverage

**Important:** This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name First name Middle name Rank, title or grade Social Security Number

Branch of Service (Do not abbreviate) Current Duty Location

### Amount of Insurance

By law, you are automatically insured for \$400,000. If you want \$400,000 of insurance, skip to *Beneficiary(ies) and Payment Options*. If you want less than \$400,000 of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. If you do not want any insurance\*, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage and traumatic injury protection under the SGLI program.

I want coverage in the amount of \$ \_\_\_\_\_ Your initials \_\_\_\_\_

(Write "I do not want insurance at this time.")

\*Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of Veterans' Group Life Insurance you can convert to upon separation from service.

### Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %; if amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b>				
1. _____				Lump sum
2. _____				
3. _____				
4. _____				
<input type="checkbox"/> Additional Principals on page 4 (check if applicable)				
<b>Contingent</b>				
1. _____				
2. _____				
3. _____				
4. _____				
<input type="checkbox"/> Additional Contingents on page 4 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.
- If I am married or if I get married after completing this form, my spouse is automatically covered under Family SGLI for which premiums will be deducted from my pay, unless I decline Family SGLI coverage by completing SGLV 8286A. For Family SGLI premium deductions, my spouse MUST be registered in DEERS. Failure to do so will result in debts owed for unpaid premiums.

SIGN HERE IN INK \_\_\_\_\_ Date: \_\_\_\_\_  
 (Your signature. Do not print.)

Do not write in space below. For official use only.

RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
--------------	----------------------	--------------	---------------

SGLV 8286, December 2007

Copy 1 - Member's Official Personnel File p. 2  
 Copy 2 - To Member  
 Copy 3 - To Active or Reserve Component of Uniformed Services

Print completed Form

Clear Form

Print Blank Form

## Directions To Service Member

### What You Should Know

This insurance is granted under the Servicemembers' Group Life Insurance provisions of title 38, United States Code, and is subject to the provisions of that title and its amendments, and title 38 Code of Federal Regulations.

This form must be correctly completed, signed and received by your Uniformed Service before your death in order for this designation to be valid.

### Marriage and SGLI Coverage

If you are married or you get married after completing this form, your spouse is automatically covered under Family SGLI and premiums will be deducted from your pay, unless you decline Family SGLI coverage by completing SGLV 8286A. You must register your spouse in DEERS for Family SGLI premiums to be deducted from your pay. If you do not register your spouse in DEERS, premiums cannot be deducted. This will result in your owing a debt for back premiums.

### Periods of Coverage

SGLI is in effect throughout the period of full-time active duty or active duty for training. Coverage is also in effect on a full-time basis for reservists who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under Chapter 1223 of title 10, United States Code. SGLI coverage continues for 120 days following separation or release. You may convert your SGLI to Veterans' Group Life Insurance within 120 days of separation without proof of good health, or within one year and 120 days of separation with proof of good health by contacting the Office of Servicemembers' Group Life Insurance (see below).

### Instructions On Completing This Form (Type or print in ink all items except where otherwise noted.)

#### 1. Naming Beneficiaries

- A new SGLV-8286 must be completed to change your beneficiary. You may name anyone as beneficiary without his/her consent. However, your spouse will be notified if you reduce coverage or name a beneficiary other than your spouse.
- If the beneficiary is a married woman, use her given first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.
- A named beneficiary will NOT be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any other documents such as a divorce decree or will.
- If you want to name more than four principal or contingent beneficiaries, list the additional beneficiaries on the Beneficiary Continuation Form (page 5) and check the block under the principal or contingent blocks on page 2, indicating that you have done so. The Beneficiary Continuation Form (page 5) should then be attached to page 2 of the 8286.
- If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.
- You can establish a trust for the benefit of the children and name the trust as beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does NOT create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.

2. **Social Security Number** - Do not delay completing this form if you do not have a beneficiary's Social Security Number. The Social Security Number helps us to locate the beneficiary, but is not required.

3. **Shares to each Beneficiary** - If you name more than one beneficiary, the sum of the shares must equal 100% or the full dollar amount of your insurance.

Example:	mother	\$200,000	or	50%	or	1/2
	father	\$200,000		50%		1/2
	<b>Total</b>	<b>\$400,000</b>		<b>100%</b>		<b>1</b>

4. **Payment Option** - You may choose whether you want the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing "lump sum" or "36" in the column labeled Payment Option. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write "lump sum" or leave the block blank.

#### 5. Provisions For Payment Of Insurance

- If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.
- If you do not name a beneficiary, or if there are no surviving beneficiaries, or if you indicate that payment should be made by law, the proceeds will be paid in the following order:
  - Widow or widower
  - Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)
  - Parent(s) in equal shares or all to surviving parent
  - A duly appointed executor or administrator of your estate
  - Other next of kin

### What Your Beneficiaries Should Know

Upon your death, the Casualty Assistance Office for your branch of service will assist your beneficiary in filing a claim for the insurance proceeds. These claims are submitted to the Office of Servicemembers' Group Life Insurance, 80 Livingston Avenue, Roseland, NJ 07068-1733. Your beneficiary may also call 1-800-419-1473 for claim information.

SGLV 8286, December 2007

To Member p. 3

# Servicemember Group Life Insurance/SGLV 8286 cont...

Family Coverage Election					
Servicemember's Information					
Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Date of Birth	Social Security Number
Branch of Service (Do not abbreviate)				Rank, title or grade	
Amount of Insurance					
<p><b>Family Coverage for Dependent Child(ren).</b> By law, if you are insured under SGLI, each of your dependent children (for a definition of dependent children for SGLI purposes) is automatically insured for \$10,000. <span style="float: right;">Picture</span></p> <p><b>Family Coverage for Spouse.</b> By law, if you are insured under SGLI, your spouse is automatically insured for \$100,000 or the amount of your SGLI coverage, whichever is less. If you want less than the automatic amount of coverage for your spouse, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. If you do not want any coverage for your spouse*, check the appropriate block below and write (in your own handwriting), "I do not want coverage for my spouse at this time."</p> <p><input type="checkbox"/> I want coverage in the amount of \$ _____</p> <p><input type="checkbox"/> _____ (Write "I do not want coverage for my spouse at this time.")</p> <p><small>*Note: Reduced or refused family coverage can only be restored by completing form SGLV 8285A with proof of good health and compliance with other requirements. It will also affect the amount of insurance your spouse can convert to when Family Coverage expires.</small></p>					
Spouse's Information					
<small>(To be completed by member. It is not necessary to complete this section if you're declining coverage.)</small>					
Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Social Security Number	
Date of Birth (dd-mm-yyyy e.g. 24-AUG-1965)					
Premiums for Spousal Coverage					
Spouse's age:	Monthly rate per \$10,000	Monthly cost for \$100,000 coverage			
Under 35	\$ .60	\$6.00			
35-39	\$ .75	\$7.50			
40-44	\$ 1.00	\$10.00			
45-49	\$ 1.90	\$19.00			
50-54	\$ 2.80	\$28.00			
55-59	\$ 4.20	\$42.00			
60 & older	\$ 5.40	\$54.00			
I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form and certify that the information I have provided is correct.					
SIGNATURE OF SERVICEMEMBER				Date: _____ <small>(dd-mm-yyyy e.g. 01-NOV-2001)</small>	
<small>Do not write in space below. For official use only.</small>					
Witnessed and received by: (please print)	Rank, title or grade	Organization	Date Received <small>(dd-mm-yyyy e.g. 01-NOV-2001)</small>		
SGLV 8286A, June 2003			<small>Original Copy: Member's Official Personnel File Photocopy 1 - To Member Photocopy 2 - To Payroll Unit</small>		

Family Coverage  
Servicemembers' Group Life Insurance  
[www.va.gov](http://www.va.gov)

Family Servicemembers' Group Life Insurance (FSGLI) is a program extended to the spouses and dependent children of members insured under the SGLI program. FSGLI provides up to a maximum of \$100,000 of insurance coverage for spouses, not to exceed the amount of SGLI the insured member has in force, and \$10,000 for dependent children. Spousal coverage is issued in increments of \$10,000.

Children are automatically covered for the amount of \$10,000 per child, at no cost. This information is obtained from the DEERS database. Another important reason to keep this up to date.

### Information you will need to complete Life Insurance Forms:

Name (First Middle Last) of beneficiary)  
 Current Address  
 Social Security Numbers (do not delay submitting if you do not have)  
 Date of Birth of Spouse

### What to do with your forms once complete?

You will most likely complete the forms with your S-1 Personnel Section. Take a complete copy of your insurance forms and keep them in a safe place. A safe deposit box, or fire proof box is always best. Ensure that your emergency contact or spouse know where to easily access the forms.

### Where to find more information?

By going to the Veterans Affairs website listed above, you will find blank forms, details, how to process a claim etc.

\*\*In the death of a child, a birth certificate (to include footprint cards) and a death certificate must be presented in order to obtain the life insurance. This will become an issue in the event of a stillborn death. Stillborn children are not considered covered. Take the time to work with the physician and the hospital to ensure that a footprint card and a

# Leaves and Passes, AR 600-8-10, dtd 15 Feb 2006

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
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 on reverse.)					
<b>PART I</b>					
2. NAME (Last, First, Middle Initial)		3. SSN	4. RANK	5. DATE	
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO.	
9. NUMBER DAYS LEAVE			10. DATES		
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
		NA	NA		
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
<b>DEPARTURE</b>					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
<b>EXTENSION</b>					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
<b>RETURN</b>					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS					
Chargeable leave is from [Date] to [Date]					
<b>PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL</b>					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): [ ] Should you require other assistance call PAP: [ ]					
20. DEPARTED UNIT	21. ARRIVED APOE	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT		
<b>PART III - DEPENDENT TRAVEL AUTHORIZATION</b>					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
<b>DEPENDENT INFORMATION</b>					
a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER		
<b>PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION</b>					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

The leave and pass program is designed to allow Soldiers to use their authorized leave to the maximum extent possible.

Commanders will establish an annual leave program to manage leave to provide you to take leave, not lose leave and always keeping operational requirements in mind.

Soldiers on Active Duty earn 30 days of leave a year with pay and allowances at the rate of 2 1/2 days per month.

**Chargeable leave:** Leaves days in which you are charged against your 30 days per year. Those absences may include: vacation, emergency leave, reenlistment leave, transition leave, R & R.

**Nonchargeable Leave:** Leave days in which you are not charged against your 30 days per year. These absences may include: Convalescent Leave (Sick leave), Sick-in-Quarters, Holiday Leave, passes, PTDY, proceed time, POV travel, Special R & R programs.

## Steps to submit DA Fm 31:

1. Complete boxes 2 thru 11
2. Refer to regulation for type of leave
3. Read instruction on reverse side
4. Provide your latest LES with annotated corrections to leave balance
5. Obtain your supervisor's recommendation (Block 12)
6. Forward to unit Commander
7. Upon approval, a leave control number will be issued in block 1. Carry this with you at all times.
8. Upon arrival at first duty station, you will use the leave slip issued from your training station to sign in at your next location. The date you sign in from leave often determines such benefits at BAH, COLA, etc.

# Personnel Action/ DA 4187

Copy 1	Circle the appropriate copy designator Copy 2	Copy 3	Copy 4
<b>PERSONNEL ACTION</b>			
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER			
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>			
<b>AUTHORITY:</b> Title 5, Section 3012; Title 10, USC, E. O. 9397.			
<b>PRINCIPAL PURPOSE:</b> Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section II).			
<b>ROUTINE USES:</b> To initiate the processing of a personnel action being requested by the soldier.			
<b>DISCLOSURE:</b> 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)	3. FROM (Include ZIP Code)	
▲ ▼	▲ ▼	▲ ▼	
<b>SECTION I - PERSONAL IDENTIFICATION</b>			
4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER	
<b>SECTION II - DUTY STATUS CHANGE (AR 600-8-2)</b>			
7. The above soldier's duty status is changed from _____ to _____ effective _____ hours, _____			
<b>SECTION III - REQUEST FOR PERSONNEL ACTION</b>			
8. I request the following action: (Check as appropriate)			
<input type="checkbox"/> Service School (E/O 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 (E/O only)	<input type="checkbox"/> Identification Tags	
<input type="checkbox"/> Volunteering For Overseas Service	<input type="checkbox"/> Repeating 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 (E/O only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members		
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)	
<b>SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)</b>			
<b>SECTION V - CERTIFICATION/ APPROVAL/ DISAPPROVAL</b>			
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 type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED			
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)	
	▲ ▼		

DA FORM 4187, JAN 2000

PREVIOUS EDITIONS ARE OBSOLETE

AMP PB 01 02 88

## Purpose:

The Personnel Action document is used for a variety of reasons. When in doubt, submit a DA Fm 4187 to request a personnel change/action.

It is the Soldier responsibility to request the initial action. This process can be expedited by researching the action in Army Regulation, providing a regulation, chapter and paragraph is possible.

Most regulations will tell you the steps to complete the actions.

Some common uses are listed, if you find that your action is not listed, you can type it in the other box.

Most actions require the Soldiers signature.

Place any supporting facts in the remarks block. Numbering as you go.

Have your Command authority signature block typed in. This will expedite the process.

## Common Uses:

Duty Status Change

Request for additional schooling, special training

Reclassification

Exceptional Family Members

Separate Rations

Change of Name (in the event of marriage divorce)

Request for Permanent Change of Station

Request for correction to military records

Request for Cost of Living Allowance

Request Hazardous Duty Pay/Imminent Danger Pay

Request a no cost move

# How to read your LES?

## How to read an active duty Army, Navy or Air Force Leave and Earning Statement

ur pay is your responsibility.

is is a guide to help you understand your Leave and Earnings Statement (LES). The LES is mprehensive statement of a member's leave and earnings showing your entitlements, ductions, allotments (fields not used for Reserve and National Guard members), leave ormation, tax withholding information, and Thrift Savings Plan (TSP) information. Your most ent LES can be found 24 hours a day on *myPay*.

members receive Career Sea Pay, the Sea Service Counter will still be displayed in the ark portion of the LES. The LES remains one page in length.

rify and keep your LES each month. If your pay varies significantly and you don't understar y, or if you have any questions after reading this publication, consult with your ubsursing/finance office.

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																							
ID	NAME (LAST, FIRST, MI)	SOC SEC. NO.	GRADE	PAY DATE	TRM W/O	ETS	BRANCH	ADRS/DEPT	PERIOD COVERED														
ENTITLEMENTS		DEDUCTIONS				ALLOTMENTS				SUMMARY													
TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	AMOUNT																	
10		11		12																			
TOTAL		20		21		22																	
LEAVE		BF BAL	USED	CR BAL	ETS BAL	LV LOST	LV PAID	EM LOSE	FED TAXES	WAGE PERIOD	WAGE YTD	MS	ES	ADRS TAX	TAX YTD								
FICA TAXES		WAGE PERIOD	SOC WAGE YTD	SOC TAX YTD	AD WAGE YTD	MD TAX YTD	STATE TAXES	WAGE PERIOD	WAGE YTD	MS	ES	TAX YTD											
PAY DATA		BAL TYPE	BAQ DEPT	YRA EP	REPT AMT	GRADE	REAT	SPR	DEPT	JD PER	BAL TYPE	CREDIT YTD	TIC	FACTOR									
Thrift Savings Plan (TSP)		BAL PAY RATE	BAL PAY CURRENT	SPR PAY RATE	SPR PAY CURRENT	DC PAY RATE	DC PAY CURRENT	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP	EDSMP
REMARKS		YTD ENTITLE				YTD DEDUCT																	
76		77				78																	

Fields 1 - 9 contain the identification portion of the LES.

- 1 NAME: The member's name in last, first, middle initial format.
- 2 SOC. SEC. NO.: The member's Social Security Number.
- 3 GRADE: The member's current pay grade.
- 4 PAY DATE: The date the member entered active duty for pay purposes in YYMMDD format. This is synonymous with the Pay Entry Base Date (PEBD).
- 5 YRS SVC: In two digits, the actual years of creditable service.
- 6 ETS: The Expiration Term of Service in YYMMDD format. This is synonymous with the Expiration of Active Obligated Service (EAOS).
- 7 BRANCH: The branch of service, i.e., Navy, Army, Air Force.
- 8 ADNS/DSSN: The Disbursing Station Symbol Number used to identify each disbursing/finance office.
- 9 PERIOD COVERED: This is the period covered by the individual LES. Normally it will be for one calendar month. If this is a separation LES, the separation date will appear in this field.

Fields 10 through 24 contain the entitlements, deductions, allotments, their respective totals, a mathematical summary portion, date initially entered military service, and retirement plan.

- 10 ENTITLEMENTS: In columnar style the names of the entitlements and allowances being paid. Space is allocated for fifteen entitlements and/or allowances. If more than fifteen are present the overflow will be printed in the remarks block. Any retroactive entitlements and/or allowances will be added to like entitlements and/or allowances.
- 11 DEDUCTIONS: The description of the deductions are listed in columnar style. This includes items such as taxes, SGLI, Mid-month pay and dependent dental plan. Space is allocated for fifteen deductions. If more than fifteen are present the overflow will be printed in the remarks block. Any retroactive deductions will be added to like deductions.
- 12 ALLOTMENTS: In columnar style the type of the actual allotments being deducted. This includes discretionary and non-discretionary allotments for savings and/or checking accounts, insurance, bonds, etc. Space is allocated for fifteen allotments. If a member has more than one of the same type of allotment, the only differentiation may be that of the dollar amount.
- 13 +AMT FWD: The amount of all unpaid pay and allowances due from the prior LES.
- 14 +TOT ENT: The figure from Field 20 that is the total of all entitlements and/or allowances listed.
- 15 -TOT DED: The figure from Field 21 that is the total of all deductions.
- 16 -TOT AMT: The figure from Field 22 that is the total of all allotments.
- 17 = NET AMT: The dollar value of all unpaid pay and allowances, plus total entitlements and/or allowances, minus deductions and allotments due on the current LES.
- 18 - CR FWD: The dollar value of all unpaid pay and allowances due to reflect on the next LES as the +AMT FWD.
- 19 = EOM PAY: The actual amount of the payment to be paid to the member on End-of-Month payday.
- 20 - 22 TOTAL: The total amounts for the entitlements and/or allowances, deductions and allotments respectively.
- Picture date initially entered military service: This date is used SOLELY to indicate which retirement plan the member is under. For those members with a DIEMS date prior to September 8, 1980, they are under the FINAL PAY retirement plan. For those members with a DIEMS date of September 8, 1980 through July 31, 1986, they are under the HIGH-3 retirement plan. For those members with a DIEMS date of August 1, 1986 or later, they were initially under the REDUX retirement plan. This was changed by law in October 2000, when they were placed under the HIGH-3 plan, with the OPTION to return to the REDUX plan. In consideration of making this election, they become entitled to a \$30,000 Career Service Bonus. The data in this block comes from PERSCOM. DFAS is not responsible for the accuracy of this data. If a member feels that the DIEMS date shown in this block is erroneous, they must see their local servicing Personnel Office for corrective action.
- 24 RET PLAN: Type of retirement plan, i.e., Final Pay, High 3, REDUX, or CHOICE (CHOICE reflects members who have less than 15 years service and have not elected to go with REDUX or stay with their current retirement plan).

Fields 25 through 32 contain leave information.

- 25 BF BAL: The brought forward leave balance. Balance may be at the beginning of the fiscal year, or when active duty began, or the day after the member was paid Lump Sum Leave (LSL).
- 26 ERND: The cumulative amount of leave earned in the current fiscal year or current term of enlistment if the member reenlisted/extended since the beginning of the fiscal year. Normally increases by 2.5 days each month.
- 27 USED: The cumulative amount of leave used in the current fiscal year or current term of enlistment if member reenlisted/extended since the beginning of the fiscal year.
- 28 CR BAL: The current leave balance as of the end of the period covered by the LES.
- 29 ETS BAL: The projected leave balance to the member's Expiration Term of Service (ETS).

# How to read your LES? cont...

- **30 LV LOST:** The number of days of leave that has been lost.
- **31 LV PAID:** The number of days of leave paid to date.
- **32 USE/LOSE:** The projected number of days of leave that will be lost if not taken in the current fiscal year on a monthly basis. The number of days of leave in this block will decrease with any leave usage.

## Fields 33 through 38 contain Federal Tax withholding information.

- **33 WAGE PERIOD:** The amount of money earned this LES period that is subject to Federal Income Tax Withholding (FITW).
- **34 WAGE YTD:** The money earned year-to-date that is subject to FITW. Field 35 M/S. The marital status used to compute the FITW.
- **36 EX:** The number of exemptions used to compute the FITW.
- **37 ADD'L TAX:** The member specified additional dollar amount to be withheld in addition to the amount computed by the Marital Status and Exemptions.
- **38 TAX YTD:** The cumulative total of FITW withheld throughout the calendar year.

## Fields 39 through 43 contain Federal Insurance Contributions Act (FICA) information.

- **39 WAGE PERIOD:** The amount of money earned this LES period that is subject to FICA.
- **40 SOC WAGE YTD:** The wages earned year-to-date that are subject to FICA.
- **41 SOC TAX YTD:** Cumulative total of FICA withheld throughout the calendar year.
- **42 MED WAGE YTD:** The wages earned year-to-date that are subject to Medicare.
- **43 MED TAX YTD:** Cumulative total of Medicare taxes paid year-to-date.

## Fields 44 through 49 contain State Tax information.

- **44 ST:** The two digit postal abbreviation for the state the member elected.
- **45 WAGE PERIOD:** The amount of money earned this LES period that is subject to State Income Tax Withholding (SITW).
- **46 WAGE YTD:** The money earned year-to-date that is subject to SITW. Field 47 M/S. The marital status used to compute the SITW.
- **48 EX:** The number of exemptions used to compute the SITW.
- **49 TAX YTD:** The cumulative total of SITW withheld throughout the calendar year.

## Fields 50 through 62 contain additional Pay Data.

- **50 BAQ TYPE:** The type of Basic Allowance for Quarters being paid.
- **51 BAQ DEPN:** A code that indicates the type of dependent. A - Spouse C -Child D - Parent G - Grandfathered I - Member married to member/own right K - Ward of the court L - Parents in Law R - Own right S - Student (age 21-22) T - Handicapped child over age 21 W - Member married to member, child under 21
- **52 VHA ZIP:** The zip code used in the computation of Variable Housing Allowance (VHA) if entitlement exists.
- **53 RENT AMT:** The amount of rent paid for housing if applicable.
- **54 SHARE:** The number of people with which the member shares housing costs.
- **55 STAT:** The VHA status; i.e., accompanied or unaccompanied.
- **56 JFTR:** The Joint Federal Travel Regulation (JFTR) code based on the location of the member for Cost of Living Allowance (COLA) purposes.
- **57 DEPNS:** The number of dependents the member has for VHA purposes.
- **58 2D JFTR:** The JFTR code based on the location of the member's dependents for COLA purposes.
- **59 BAS TYPE:** An alpha code that indicates the type of Basic Allowance for Subsistence (BAS) the member is receiving, if applicable. This field will be blank for officers.
  - B - Separate Rations
  - C - TDY/PCS/Proceed Time
  - H - Rations-in-kind not available
  - K - Rations under emergency conditions
- **60 CHARITY YTD:** The cumulative amount of charitable contributions for the calendar year.
- **61 TPC:** This field is not used by the active component of any branch of service.
- **62 PACIDN:** The activity Unit Identification Code (UIC). This field is currently used by Army only.

## Fields 63 through 75 contain Thrift Savings Plan (TSP) information/data.

- **63 BASE PAY RATE:** The percentage of base pay elected for TSP contributions.
- **64 BASE PAY CURRENT:** Reserved for future use.
- **65 SPECIAL PAY RATE:** The percentage of Speciality Pay elected for TSP contribution.

- **66 SPECIAL PAY CURRENT:** Reserved for future use.
- **67 INCENTIVE PAY RATE:** Percentage of Incentive Pay elected for TSP contribution.
- **68 INCENTIVE PAY CURRENT:** Reserved for future use.
- **69 BONUS PAY RATE:** The percentage of Bonus Pay elected towards TSP contribution.
- **70 BONUS PAY CURRENT:** Reserved for future use.
- **71** Reserved for future use.
- **72 TSP YTD DEDUCTION (TSP YEAR TO DATE DEDUCTION):** Dollar amount of TSP contributions deducted for the year.
- **73 DEFERRED:** Total dollar amount of TSP contributions that are deferred for tax purposes.
- **74 EXEMPT:** Dollar amount of TSP contributions that are reported as tax exempt to the Internal Revenue Service (IRS).
- **75** Reserved for future use

**76 REMARKS:** This area is used to provide you with general notices from varying levels of command, as well as the literal explanation of starts, stops, and changes to pay items in the entries within the "ENTITLEMENTS", "DEDUCTIONS", and "ALLOTMENTS" fields.

**77 YTD ENTITLE:** The cumulative total of all entitlements for the calendar year.

**myPay**  
<https://mypay.dfas.mil>

myPay is an innovative, automated system that puts you in control of processing certain discretionary pay data items without using paper forms. You can also get your pay statements, tax forms and travel advice of payment using myPay.

# U. S. Army Pay Chart

## BASIC PAY—EFFECTIVE JANUARY 1, 2009

Pay Grade	2 or less	Over 2	Over 3	Over 4	Over 6	Over 8	Over 10	Over 12	Over 14	Over 16	or Over 18	Over 20	Over 22	Over 24	Over 26	Over 28	Over 30	Over 32	Over 34	Over 36	Over 38	
O-10 <sup>2</sup>												14,688.60	14,760.30	15,067.20	15,602.10	15,602.10	16,382.10	16,382.10	17,201.10	17,201.10	17,201.10	18,061.20
O-9												12,846.90	13,032.00	13,299.30	13,765.80	13,765.80	14,454.60	14,454.60	15,177.30	15,177.30	15,177.30	15,936.00
O-8	9,090.00	9,387.60	9,585.30	9,640.50	9,887.10	10,299.00	10,395.00	10,786.20	10,898.10	11,235.30	11,722.50	12,172.20	12,472.50	12,472.50	12,472.50	12,472.50	12,784.50	12,784.50	13,104.30	13,104.30	13,104.30	13,104.30
O-7	7,553.10	7,904.10	8,066.40	8,195.40	8,429.10	8,660.10	8,926.80	9,192.90	9,460.20	10,299.00	11,007.30	11,007.30	11,007.30	11,007.30	11,063.10	11,063.10	11,284.50	11,284.50	11,284.50	11,284.50	11,284.50	11,284.50
O-6	5,598.30	6,150.30	6,553.80	6,553.80	6,578.70	6,860.70	6,897.90	6,897.90	7,290.00	7,983.30	8,390.10	8,796.60	9,027.90	9,262.20	9,716.70	9,716.70	9,910.80	9,910.80	9,910.80	9,910.80	9,910.80	9,910.80
O-5	4,666.80	5,257.20	5,621.40	5,689.80	5,916.60	6,052.80	6,351.60	6,570.60	6,853.80	7,287.30	7,493.40	7,697.40	7,928.70	7,928.70	7,928.70	7,928.70	7,928.70	7,928.70	7,928.70	7,928.70	7,928.70	7,928.70
O-4	4,026.90	4,661.40	4,972.20	5,041.80	5,330.40	5,640.00	6,025.20	6,325.50	6,534.30	6,654.00	6,723.30	6,723.30	6,723.30	6,723.30	6,723.30	6,723.30	6,723.30	6,723.30	6,723.30	6,723.30	6,723.30	6,723.30
O-3	3,540.30	4,013.40	4,332.00	4,722.90	4,948.80	5,197.20	5,358.00	5,622.30	5,759.70	5,759.70	5,759.70	5,759.70	5,759.70	5,759.70	5,759.70	5,759.70	5,759.70	5,759.70	5,759.70	5,759.70	5,759.70	5,759.70
O-2	3,058.80	3,483.90	4,012.50	4,148.10	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30	4,233.30
O-1	2,655.30	2,763.60	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50	3,340.50
O-3 <sup>3</sup>				4,722.90	4,948.80	5,197.20	5,358.00	5,622.30	5,844.90	5,972.70	6,146.70	6,146.70	6,146.70	6,146.70	6,146.70	6,146.70	6,146.70	6,146.70	6,146.70	6,146.70	6,146.70	6,146.70
O-2 <sup>3</sup>				4,148.10	4,233.30	4,368.30	4,595.70	4,771.50	4,902.30	4,902.30	4,902.30	4,902.30	4,902.30	4,902.30	4,902.30	4,902.30	4,902.30	4,902.30	4,902.30	4,902.30	4,902.30	4,902.30
O-1 <sup>3</sup>				3,340.50	3,567.60	3,699.30	3,834.30	3,966.60	4,148.10	4,148.10	4,148.10	4,148.10	4,148.10	4,148.10	4,148.10	4,148.10	4,148.10	4,148.10	4,148.10	4,148.10	4,148.10	4,148.10
W-5												6,505.50	6,835.50	7,081.20	7,353.60	7,353.60	7,721.40	7,721.40	8,107.50	8,107.50	8,107.50	8,513.10
W-4	3,658.50	3,935.70	4,048.80	4,159.80	4,351.20	4,540.50	4,732.20	5,021.10	5,274.00	5,514.60	5,711.40	5,903.40	6,185.70	6,417.30	6,681.90	6,681.90	6,815.40	6,815.40	6,815.40	6,815.40	6,815.40	6,815.40
W-3	3,340.80	3,480.30	3,622.80	3,669.90	3,819.60	4,114.20	4,420.80	4,565.10	4,731.90	4,904.10	5,213.10	5,422.20	5,547.30	5,680.20	5,860.80	5,860.80	5,860.80	5,860.80	5,860.80	5,860.80	5,860.80	5,860.80
W-2	2,956.50	3,236.10	3,322.20	3,381.60	3,573.30	3,871.20	4,018.80	4,164.30	4,341.90	4,480.80	4,606.80	4,757.10	4,856.40	4,935.00	4,935.00	4,935.00	4,935.00	4,935.00	4,935.00	4,935.00	4,935.00	4,935.00
W-1	2,595.30	2,874.00	2,949.60	3,108.30	3,296.10	3,572.70	3,701.70	3,882.30	4,059.90	4,199.40	4,328.10	4,484.40	4,484.40	4,484.40	4,484.40	4,484.40	4,484.40	4,484.40	4,484.40	4,484.40	4,484.40	4,484.40
E-9 <sup>4</sup>							4,420.50	4,520.70	4,646.70	4,795.50	4,944.90	5,185.20	5,388.00	5,601.90	5,928.30	5,928.30	6,224.70	6,224.70	6,536.10	6,536.10	6,863.10	
E-8						3,618.60	3,778.80	3,877.80	3,996.60	4,125.00	4,357.20	4,474.80	4,674.90	4,785.90	5,059.50	5,059.50	5,160.90	5,160.90	5,160.90	5,160.90	5,160.90	
E-7	2,515.50	2,745.60	2,850.60	2,990.10	3,098.70	3,285.30	3,390.30	3,577.50	3,732.60	3,838.50	3,951.30	3,995.40	4,142.10	4,221.00	4,521.00	4,521.00	4,521.00	4,521.00	4,521.00	4,521.00	4,521.00	
E-6	2,175.60	2,394.00	2,499.60	2,602.20	2,709.30	2,950.80	3,044.70	3,226.20	3,282.00	3,322.50	3,369.90	3,369.90	3,369.90	3,369.90	3,369.90	3,369.90	3,369.90	3,369.90	3,369.90	3,369.90	3,369.90	
E-5	1,993.50	2,127.00	2,229.60	2,334.90	2,499.00	2,670.90	2,811.00	2,828.40	2,828.40	2,828.40	2,828.40	2,828.40	2,828.40	2,828.40	2,828.40	2,828.40	2,828.40	2,828.40	2,828.40	2,828.40	2,828.40	
E-4	1,827.60	1,920.90	2,025.00	2,127.60	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	2,218.50	
E-3	1,649.70	1,753.50	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	1,859.70	
E-2	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	1,568.70	
E-1 <sup>5</sup>	1,399.50																					

### Notes:

- Basic pay for an O-7 to O-10 is limited by Level II of the Executive Schedule which is **\$14,750.10**. Basic pay for O-6 and below is limited by Level V of the Executive Schedule which is **\$11,958.30**.
- While serving as Chairman, Joint Chief of Staff/Vice Chairman, Joint Chief of Staff, Chief of Navy Operations, Commandant of the Marine Corps, Army/Air Force Chief of Staff, Commander of a unified or specified combatant command, basic pay is **\$19,326.60**. (See note 1 above).
- Applicable to O-1 to O-3 with at least 4 years and 1 day of active duty or more than 1460 points as a warrant and/or enlisted member. See Department of Defense Financial Management Regulations for more detailed explanation on who is eligible for this special basic pay rate.

# U. S. Army Pay Chart: Allowances

Basic Allowance for Housing RC/Transient					Family Separation Allowance								
Pay Grade	Partial	Without Dependent	With Dependent	Differential	All Pay Grades: \$250								
0-10	\$ 50.70	\$ 1,379.40	\$ 1,696.80	\$ 304.80	<b>Basic Allowance for Subsistence (Effective January 1, 2009)</b>								
0-9	\$ 50.70	\$ 1,379.40	\$ 1,696.80	\$ 304.80									
0-8	\$ 50.70	\$ 1,379.40	\$ 1,696.80	\$ 304.80									
0-7	\$ 50.70	\$ 1,379.40	\$ 1,696.80	\$ 304.80	<b>Officers: \$223.04</b>								
0-6	\$ 39.60	\$ 1,264.80	\$ 1,527.60	\$ 252.60	<b>Enlisted: \$323.87</b>								
0-5	\$ 33.00	\$ 1,218.00	\$ 1,472.40	\$ 243.60	<b>Clothing Allowances (Effective October 1, 2008)</b>								
0-4	\$ 26.70	\$ 1,128.60	\$ 1,297.80	\$ 162.30	<b>Standard Initial Clothing Allowance (Enlisted Members Only)</b>								
0-3	\$ 22.20	\$ 905.10	\$ 1,074.00	\$ 162.00	<b>Army</b>		<b>Navy</b>		<b>Air Force</b>		<b>Marine Corps</b>		
0-2	\$ 17.70	\$ 717.00	\$ 916.20	\$ 191.10	Male	Female	Male	Female	Male	Female	Male	Female	
0-1	\$ 13.20	\$ 615.30	\$ 820.50	\$ 207.00	1,346.95	1,626.41	1,597.88	1,793.14	1,349.84	1,531.32	1,658.20	1,711.15	
03E	\$ 22.20	\$ 976.80	\$ 1,154.10	\$ 170.10	<b>Cash Clothing Replacement Allowance (Enlisted Members Only)</b>								
02E	\$ 17.70	\$ 830.40	\$ 1,041.30	\$ 203.40	<b>Army</b>		<b>Navy</b>		<b>Air Force</b>		<b>Marine Corps</b>		
01E	\$ 13.20	\$ 722.10	\$ 962.70	\$ 238.50	Male	Female	Male	Female	Male	Female	Male	Female	
W-5	\$ 25.20	\$ 1,146.60	\$ 1,253.40	\$ 101.40	Basic	381.60	442.80	464.40	460.80	266.40	298.80	381.60	399.60
W-4	\$ 25.20	\$ 1,018.20	\$ 1,148.70	\$ 124.80	Standard	543.60	633.60	662.40	658.80	381.60	428.40	554.40	583.20
W-3	\$ 20.70	\$ 856.20	\$ 1,053.00	\$ 188.70	Special	0	0	864.00	925.20	0	0	0	237.70
W-2	\$ 15.90	\$ 759.60	\$ 967.50	\$ 199.20	<b>Civilian Clothing Allowance</b>								
W-1	\$ 13.80	\$ 636.90	\$ 837.30	\$ 192.80	Type of Duty	Initial	Replacement	15 days in 30 days period	30 days in 36 month period				
E-9	\$ 18.60	\$ 836.10	\$ 1,102.20	\$ 255.00	Permanent	920.88	306.96	0	0				
E-8	\$ 15.30	\$ 767.70	\$ 1,017.00	\$ 238.80	Temporary	0	0	306.96	613.92				
E-7	\$ 12.00	\$ 708.00	\$ 943.80	\$ 276.60	<b>Personal Money Allowance (Monthly Amount)</b>								
E-6	\$ 9.90	\$ 654.00	\$ 872.10	\$ 267.00	1. While serving as Chairman or Vice Chairman of the JCS, or Army or Air Force CS, CNO, or CMC							\$333.33	
E-5	\$ 8.70	\$ 588.30	\$ 784.50	\$ 227.10	2. Senior Member of the Military Staff Committee of the U.N.							\$225.00	
E-4	\$ 8.10	\$ 511.50	\$ 681.90	\$ 196.80	3. General or Admiral							\$183.33	
E-3	\$ 7.80	\$ 475.80	\$ 634.20	\$ 160.80	4. Lieutenant General Vice Admiral							\$41.67	
E-2	\$ 7.20	\$ 453.30	\$ 604.50	\$ 215.40	5. Senior Enlisted Member of a Military Service							\$166.67	
E-1	\$ 6.90	\$ 453.30	\$ 604.50	\$ 255.00									

For other pays or specific requirements for the pay cited in this table, go to the web at:

<http://www.dtic.mil/comptroller/fmr/O7a/index.html>

# U. S. Army Pay Chart: Incentives and Special Pays

## INCENTIVE AND SPECIAL PAYS

### Aviation Career Incentive Pay

*Years of Aviation Service*

<b>2 or less</b>	<b>Over 2</b>	<b>Over 3</b>	<b>Over 4</b>	<b>Over 6</b>	<b>Over 14</b>	<b>Over 22</b>	<b>Over 23</b>	<b>Over 24</b>	<b>Over 25</b>
125.00	156.00	188.00	206.00	650.00	840.00	585.00	495.00	385.00	250.00

### Career Enlisted Flyer Incentive Pay

*Years of Aviation Service*

<b>4 or less</b>	<b>Over 4</b>	<b>Over 8</b>	<b>Over 14</b>
150.00	225.00	350.00	400.00

### Hazardous Duty Incentive Pay (Crew Member- Non-AWAC)

Pay Grade	Amount								
O-10	150.00	O-5	250.00	W-5	250.00	E-9	240.00	E-4	165.00
O-9	150.00	O-4	225.00	W-4	250.00	E-8	240.00	E-3	150.00
O-8	150.00	O-3	175.00	W-3	175.00	E-7	240.00	E-2	150.00
O-7	150.00	O-2	150.00	W-2	150.00	E-6	215.00	E-1	150.00
O-6	250.00	O-1	150.00	W-1	150.00	E-5	190.00		

### Hazardous Duty Incentive Pay (Non-Crew Member)

**ALL GRADES – 150.00**

### Imminent Danger Pay/Hostile Fire Pay

**ALL GRADES – 225.00**

### Diving Pay

**Officers – 240.00 (Max)      Enlisted – 340.00 (Max)**

### HDIP (Parachute, Flight Deck, Demolition, & Others)

**All Grades – 150.00 (Member qualified for HALO pay 225.00).**

### COMBAT ZONE TAX EXCLUSION

*Basic pay for the MCPO of the Navy, CMSgt of the AF, Sergeant Major of the Army or Marine Corps, basic pay is \$6,875.10. Combat Zone Tax Exclusion for O-1 and above is based on this basic pay rate plus HFP/IDP (\$225).*

*For other pays or specific requirements for the pays cited in this table, go to the web at: <http://www.dtic.mil/comptroller/fmr/07a/index.html>*

# U. S. Army Pay Chart: Incentives and Special Pays

## Base Pay

**This monthly pay is taxable.**

Basic pay is received by all and is the main component of an individual's salary.

## Basic Allowance for Subsistence

**This monthly allowance is tax exempt.**

This monthly allowance is tax exempt. An Officer receives \$187.49 and Enlisted receive \$272.26. This amount is only paid when Rations in Kind are not available.

BAS is meant to offset costs for a member's meals. This allowance is based in the historic origins of the military in which the military provided room and board (or rations) as part of a member's pay. This allowance is not intended to offset the costs of meals for family members.

Beginning on January 1 2002, all enlisted members get full BAS, but pay for their meals (including those provided by the government). This is the culmination of the BAS Reform transition period.

## Incentives and Special Pays

There are several incentives pay categories. They are listed on the opposite page. There are restrictions in which you can receive this pay.

## Basic Allowance for Housing

**This monthly allowance is tax exempt.**

BAH is an allowance to offset the cost of housing when you do not receive government-provided housing. Your BAH depends upon your location, pay grade and whether you have dependents. BAH rates are set by surveying the cost of rental properties in each geographic location. The rates are established such that members in each pay grade, independent of location, pay approximately the same out-of-pocket costs. Therefore, BAH rates in high-cost areas will be much greater than those in low-cost areas. BAH rates are published on the Per Diem Committee web page

**For specific requirements and amounts on this pay, visit:**

<http://www.dtic.mil/comptroller/fmr/07a/index.html>

## Cost of Living Allowance

**Not all areas receive COLA.**

Compensates for a portion of excess costs for non-housing expenses incurred in areas that exceed costs in an average U.S. military location by more than 8%. Housing and housing-related costs are covered under the basic allowance for housing (BAH) and excluded from CONUS COLA. Members must absorb the first 8% of expenses above the national average

## Family Separation Pay

This entitlement is taxable income. Current payment per month is \$225 per month. You must be on orders for over 30 days and at a different duty location than your family.

# Travel Voucher

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balances. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (if applicable) TDY <input type="checkbox"/> Member/Employee PCS <input type="checkbox"/> Other Dependent(s) <input type="checkbox"/> DLA			
6. ADDRESS a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE			
a. E-MAIL ADDRESS				10. FOR D.O. USE ONLY			
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS: ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION				b. SUBVOUCHER NUMBER			
12. DEPENDENT(S) (if and complete as applicable) ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <input type="checkbox"/> a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE				13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		c. PAID BY	
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (if one)				d. COMPUTATIONS			
15. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)				c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
16. POC TRAVEL (if one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER <input type="checkbox"/>				17. DURATION OF TDY TRAVEL			
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED				12 HOURS OR LESS		a. SUMMARY OF PAYMENT	
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS		(1) Per Diem	
				MORE THAN 24 HOURS		(2) Actual Expense Allowance	
						(3) Mileage	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total 1/11	
						(8) Less Advance	
						(9) Amount Owed 1/11	
						(10) Amount Due	
				19. GOVERNMENT DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS			
20. CLAIMANT SIGNATURE		b. DATE	c. SUPERVISOR SIGNATURE		d. DATE		
21. APPROVING OFFICER SIGNATURE				b. DATE			
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID	

## Travel Voucher or Subvoucher

Read more about travel  
<https://secureapp2.hqda.pentagon.mil/perdiem/>

The Joint Federal Travel Regulation, Volume 1, for Military Personnel is a regulation created by the Department of Defense in which all entitlements are defined. This regulation was published with change 216 as of 2004. JFTR Volume 1 is over 700 pages defining your entitlements during various types of travel.

The first type of travel you will experience is your travel to Officer Basic Course. During your travels you should keep receipts for the following:

Any overnight hotel stays (you must submit a zero balance detailed receipt from the hotel, a credit card receipt is not acceptable)

Tolls  
Parking Fees

Although many of your expenses may not exceed the \$75 minimum to require a receipt it assists you in completing your travel voucher.

You should also track your mileage during your travels.

You will submit your travel voucher at the completion of your travel to OBC. If you are scheduled to be on temporary duty for more than 30 days, you may submit supplemental travel vouchers every 30 days.

Submitting your travel voucher for payment is your responsibility. Delays in submission will result in delays of payment.

Most orders state that you must complete within five working days, a completed travel voucher.

### FAQ's:

Can I submit for laundry and dry cleaning expenses while TDY?

For military members who are TDY within the continental United States (CONUS) for at least 7 consecutive nights, an average of \$2 per day for dry cleaning and/or laundry is reimbursable. For civilians who are TDY within CONUS for at least 4 consecutive nights may be reimbursed for the cost of personal dry cleaning and/or laundry. Civilians do not have a limitation; however, the amount claimed must be reasonable.

NOTE: Laundry and dry cleaning expenses are not reimbursable for either military or civilians when TDY outside of the continental United States.

Can I be reimbursed for long distance telephone calls made while on Temporary Duty (TDY)?

Yes, if authorized or approved by your approving official. These calls should be limited to advising of your safe arrival, informing of medical conditions, and/or travel itinerary changes.

# Temporary Lodging Expenses

## Claim for Temporary Lodging Expense

Data required by the Printing Act of 1974 Authority: 37 USC, 401101. Principal Purpose: To establish the amount payable for Temporary Lodging Expense Allowance. Section does not authorize or limit the administrative payment of Temporary Lodging Expense Allowance. 2011-1000: Authority: Failure to provide information will result in the loss of requested amount.

Rank	Name (LAST, FIRST, MI)	SSN	Home Phone
Mailing Address		City/State	Zip Code
Current Unit Assignment			Unit Phone
Is Spouse Military: (CIRCLE ONE) Y or N	If Military, Spouse's SSN	Spouse's Current Duty Station	
Did you occupy lodging during this time frame: (CIRCLE ONE) Y or N	Did your dependents occupy lodging during this timeframe: (CIRCLE ONE) Y or N		
Did you stay in off post lodging: Yes or No	Statement of non-availability # _____		

### LIST DEPENDENTS THAT YOU ARE CLAIMING TLE FOR

NAME	RELATIONSHIP	DATE OF MARRIAGE / BIRTH

Date HHG Picked Up	Did you do a DITY Move? (circle one) Y or N
Date HHG Delivered	What Date?

### LODGING INFORMATION

I hereby certify that I was required to obtain temporary lodging for the following days:

Day #	DATE	DAILY LODGING COSTS PAID	LOCATION OF LODGING (City & State)	COOKING FACILITIES (CIRCLE ONE) Y or N	To be completed by Finance Personnel	
					BAH	BAS
1				Y or N		
2				Y or N		
3				Y or N		
4				Y or N		
5				Y or N		
6				Y or N		
7				Y or N		
8				Y or N		
9				Y or N		
10				Y or N		

DATE TERMINATED QUARTERS: (if applicable)	
DATE ASSIGNED TO QUARTERS: (if applicable)	
DEPARTURE DATE FROM OLD DUTY STATION:	
ARRIVAL DATE TO NEW DUTY STATION:	
Signature of Service Member	Date

**PLEASE ATTACH ORIGINAL LODGING RECEIPTS, ORDERS AND DD 1351-2 TO THIS REQUEST FORM.**

This payment will be made electronically to your current direct deposit account.

Signature of Finance Clerk \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## Temporary Lodging Expenses

### JFTR Volume 1 Chapter 5 Part H

TLE is intended to partially pay for lodging expenses when a member and or dependants occupy temporary housing CONUS due to a PCS move.

TLE is authorized for members reporting to their first Permanent Duty Station.

The locality per diem rate based on the permanent duty station is used to calculate reimbursement.

You must show detailed receipts for the lodging.

The reimbursement for CONUS moves is normally 10 days, OCONUS is five days.

If you stay with friends for free during your move, you are still entitled to the meal per diem rate.

# PCS Travel Advance Pay Request

## PCS Advance Request Form

*(Privacy Act: Authority: AR 37-166, chapter 5 Purpose: To obtain information about individual's travel. Uses: Posting information to IATS/ DD 1588/Computation of advance travel. Disclosure: Mandatory. Will be denied payment if failure to provide information requested.)*

For prompt payment of your advance please complete this form at least ten working days prior to sign out date. All travel advances are paid @ 80% with the money being direct deposited into your current military pay account approximately five days prior to sign out date. There are NO cash or check payments.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Sign Out Date: \_\_\_\_\_

Rank: \_\_\_\_\_ Present Unit: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Leave or home of record address: Street \_\_\_\_\_  
(No local or unit addresses, please) City, ST, Zip \_\_\_\_\_

(NOTE: Please, no foreign address)

Spouse's name \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Is Spouse Military \_\_\_\_\_

Please list NAME and Date of Birth (day, month, year) of children:

NAME _____	DOB _____	NAME _____	DOB _____
NAME _____	DOB _____	NAME _____	DOB _____
NAME _____	DOB _____	NAME _____	DOB _____

PLEASE READ AND COMPLETE ALL SPACES, ENTER YES, NO or N/A (not y or n)  
IN THE SPACES PROVIDED BELOW AS APPLICABLE TO YOUR PCS.

1.) Are you requesting an advance for your travel? \_\_\_\_\_

Is any of your travel going to be by POV? \_\_\_\_\_

If yes, then POV travel is from (City, ST) \_\_\_\_\_ to (City, ST) \_\_\_\_\_

If traveling to overseas or traveling by other than POV travel:

Are you buying your own ticket? \_\_\_\_\_ Cost \$ \_\_\_\_\_ or are your tickets being issued to you \_\_\_\_\_

Ticket you purchased is from (City, ST) \_\_\_\_\_ to (City, ST, Country) \_\_\_\_\_

Issued tickets are from (City, ST) \_\_\_\_\_ to (City, St or Country) \_\_\_\_\_

2.) Are your dependents relocating? \_\_\_\_\_ What date? \_\_\_\_\_

Are you requesting an advance for your dependent travel? \_\_\_\_\_

Is any of their travel by POV? \_\_\_\_\_ If yes, number of POVs used for this PCS move \_\_\_\_\_

Their POV travel is from (City, ST) \_\_\_\_\_ to (City, ST) \_\_\_\_\_

If dependents are traveling to overseas or are traveling by other than POV travel:

Are you buying your dependents tickets? \_\_\_\_\_ Cost \$ \_\_\_\_\_ or are they being issued to you \_\_\_\_\_

Tickets you purchased are from (City, ST) \_\_\_\_\_ to (City, ST or Country) \_\_\_\_\_

Issued tickets are from (City, ST) \_\_\_\_\_ to (City, St or Country) \_\_\_\_\_

3.) Are you requesting an advance for Dislocation Allowance (DLA)? \_\_\_\_\_

(No advance DLA authorized, for married soldier w/deferred travel for dependents or if your family will not relocate within 60 days.

No advance DLA will be given for single service members who will not be residing off post at the new duty station. Service Members must have a Statement of Non-Availability from housing office at gaining station to reside off post.)

4.) Are you requesting advance for a DITY move (Needs DD Form 2278)? \_\_\_\_\_

Soldier's Signature \_\_\_\_\_ DATE \_\_\_\_\_

Finance Clerk Signature \_\_\_\_\_ DATE \_\_\_\_\_

## PCS Travel Advance Pay Request

Prior to your report to your permanent duty station, you will receive orders. At such time, you may request an advance of travel pay and dislocation allowances.

This pay will be subtracted from your final travel pay.

Each installation will have a similar form for you to complete.

### Dislocation Allowance

Dislocation Allowance (DLA) is provided in addition to other allowances to partially offset the costs involved in moving the members household for the government's convenience. The rate of pay is based on with or without dependants and your grade as of the date of the orders.

# Pay Inquiry

## Pay Inquiries

If you should ever have a finance matter that you would like to have corrected, you must complete a Pay Inquiry.

PAY INQUIRY		BLOCK NUMBER	
For use of this form see AR 37-104-3; the proponent agency is USAFAC.		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)			
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)			
PROBLEM	<input type="checkbox"/> Allotment	<input type="checkbox"/> Entitlements	<input type="checkbox"/> Collection
	<input type="checkbox"/> Non-receipt Check	<input type="checkbox"/> Non-receipt LES	<input type="checkbox"/> Leave
	<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 DUJCL.		
<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.			
ACTION REQUIRED			
<input type="checkbox"/> DA Form 3684	<input type="checkbox"/> Local Payment	INQUIRY EVALUATION	
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Valid	<input type="checkbox"/> Invalid
DATE APPROVED LOCAL PAYMENT PAID		SIGNATURE OF PAY CLERK	

# Officer Evaluation Report

+ OFFICER EVALUATION REPORT		FOR OFFICIAL USE ONLY (FOUO)	
For use of this form, see AR 623-3, the proposed agency is DCS, G-1.		SEE PRIVACY ACT STATEMENT IN AR 623-3	
PART I - ADMINISTRATIVE DATA			
1. NAME (Last, First, Middle Initial)		2. SSN	3. NAME
4. DATE OF RANK (YYYYMMDD)		5. BRANCH	6. GRADE
7. UNIT, DKO, STATION, SP CODE OR APO, MAJOR COMMAND		8. STATUS CODE	9. REASON FOR SUBMISSION
10. PERIOD COVERED		11. RATED OFFICER'S APO AND EMAIL ADDRESS (gov or mil)	12. UIC
13. FROM (YYYYMMDD)	14. THRU (YYYYMMDD)	15. RATED MONTHS	16. CMO CODE
17. FROM (YYYYMMDD)	18. THRU (YYYYMMDD)	19. RATED MONTHS	20. P/SR CODE
PART II - AUTHENTICATION (Rated officer's signature verifies officer has seen completed OER Parts I-VII and the admin data is correct)			
21. NAME OF RATER (Last, First, MI)	22. SSN	23. NAME	24. POSITION
25. SIGNATURE	26. DATE (YYYYMMDD)	27. NAME OF INTERMEDIATE RATER (Last, First, MI)	28. SSN
29. SIGNATURE	30. DATE (YYYYMMDD)	31. NAME OF SENIOR RATER (Last, First, MI)	32. SSN
33. SIGNATURE	34. DATE (YYYYMMDD)	35. SENIOR RATER'S ORGANIZATION	36. BRANCH
37. SENIOR RATER'S ORGANIZATION	38. BRANCH	39. SENIOR RATER'S HOME NUMBER	40. E-MAIL ADDRESS (gov or mil)
41. SENIOR RATER'S SIGNATURE		42. SENIOR RATER'S DATE (YYYYMMDD)	43. SENIOR RATER'S SIGNATURE
44. SENIOR RATER'S DATE (YYYYMMDD)		45. SENIOR RATER'S SIGNATURE	
PART III - DUTY DESCRIPTION			
46. PRINCIPAL DUTY TITLE		47. POSITION ABBREV	
48. SIGNIFICANT DUTIES AND RESPONSIBILITIES. REFER TO PART IVA, DA FORM 67-9-1.		49. SIGNIFICANT DUTIES AND RESPONSIBILITIES. REFER TO PART IVA, DA FORM 67-9-1.	
Serves as the Garrison Chaplain for Picatinny Arsenal, NJ. Supports population includes 4200 military and civilian personnel among 18 tenant organizations. Principle Special Staff Advisor to the Commander on all matters pertaining to religious, moral, and welfare needs of the Soldiers, family members, and employees of Picatinny Arsenal. Performs and provides comprehensive religious support, individual counseling, and casualty ministry to personnel of all faiths. Plans and implements the Garrison Commander's Master Religious Program (CMRFP). Provides technical training, supervision, and mentorship to the Chaplain Assistant/Fund Clerk. Manages the Picatinny Arsenal Chapel Thithes and Offering Fund (CTOF) and chairs the Chapel Program and			
PART IV - PERFORMANCE EVALUATION - PROFESSIONALISM (Rater)			
CHARACTER: Disposition of the leader: combination of values, attitudes, and skills affecting leader actions			
a. ARMY VALUES (Comments mandatory for all "NO" entries. Use PART Vb.)			
1. HONOR: Adherence to the Army's publicly declared code of values		5. RESPECT: Promotes dignity, consideration, fairness, and RD	
2. INTEGRITY: Possesses high personal moral standards; honest in word and deed		6. SELFLESS SERVICE: Places Army priorities before self	
3. COURAGE: Maximize physical and moral bravery		7. DUTY: Fulfills professional, legal, and moral obligations	
4. LOYALTY: Bears true faith and allegiance to the U.S. Constitution, the Army, the unit, and the soldier			
b. LEADER ATTRIBUTES / SKILLS / ACTIONS: Past, present, or anticipated for each block. Select one from (1) THROUGH (6) FOR SKILLS (Competence), and three from ACTIONS (LEADERSHIP). Place an "X" in the appropriate numbered box with approval comments in PART Vb. Comments are mandatory in Part Vb for all "No" entries.			
b.1 ATTRIBUTES (Select 2)			
1. MENTAL: Possesses desire, will, initiative, and discipline		2. PHYSICAL: Maintains appropriate level of physical fitness and military bearing	
3. EMOTIONAL: Displays self-control; calm under pressure		4. INTERPERSONAL: Shows skill with people: coaching, leading, counseling, motivating and empowering	
b.2 SKILLS (Competence) (Select 2)			
1. CONCEPTUAL: Demonstrates sound judgment, educational/technical training, moral reasoning		3. TECHNICAL: Possesses the necessary expertise to accomplish all tasks and functions	
b.3 ACTIONS (LEADERSHIP) (Select 3) Major activities leaders perform: influencing, operating, and improving			
1. COMMUNICATING: Displays good oral, written, and listening skills in individual/group		2. DECISION MAKING: Employs sound judgment, logical reasoning and uses resources wisely	
3. MOTIVATING: Inspires, motivates, and guides others toward mission accomplishment		4. PLANNING: Develops detailed, executable plans that are feasible, adaptable, and suitable	
5. EXECUTING: Shows tactical proficiency, meets mission standards, and takes care of people/resources		6. ASSESSING: Uses after action and evaluation tools to facilitate consistent improvement	
7. DEVELOPING: Invests adequate time and effort to develop individual/subordinates as leaders		8. BUILDING: Spends time and resources improving teams, groups and units; fosters ethical climate	
9. LEARNING: Seeks self-improvement and organizational growth; embracing, adapting and leading change			
c. APPE: PASS DATE: 20090422 HIGH: 75 WEIGHT: 235 YES			
d. OFFICER DEVELOPMENT: MANDATORY YES OR NO ENTRY FOR RATERS OF CPTs, LTs, CW2s, AND WO1s. YES/NO DEVELOPMENTAL TASKS RECORDED ON DA FORM 67-9-1 AND QUARTERLY FOLLOW-UP COUNSELING IS CONDUCTED? YES NO X			
DA FORM 67-9, MAR 2006 + PREVIOUS EDITIONS ARE OBSOLETE. Page 1 of 2 APD FE 46 9365			

NAME	SSN	PERIOD COVERED
PART V - PERFORMANCE AND POTENTIAL EVALUATION (Rater)		
a. EVALUATE THE RATED OFFICER'S PERFORMANCE DURING THE RATING PERIOD AND HIS/HER POTENTIAL FOR PROMOTION		
<input type="checkbox"/> OUTSTANDING PERFORMANCE, MUST PROMOTE <input type="checkbox"/> SATISFACTORY PERFORMANCE, PROMOTE <input type="checkbox"/> UNSATISFACTORY PERFORMANCE, DO NOT PROMOTE <input type="checkbox"/> OTHER (Specify)		
b. COMMENT ON SPECIFIC ASPECTS OF THE PERFORMANCE, REFER TO PART II, DA FORM 67-9 AND PART IVa, b, AND PART Vb, DA FORM 67-9-1.		
c. COMMENT ON POTENTIAL FOR PROMOTION		
d. IDENTIFY ANY UNIQUE PROFESSIONAL SKILLS OR AREAS OF EXPERTISE OF VALUE TO THE ARMY THAT THIS OFFICER POSSESSES. FOR ARMY COMPETITIVE CATEGORY CPT ALSO INDICATE A POTENTIAL CAREER FIELD FOR FUTURE SERVICE.		
PART VI - INTERMEDIATE RATER		
PART VII - SENIOR RATER		
a. EVALUATE THE RATED OFFICER'S PROMOTION POTENTIAL TO THE NEXT HIGHER GRADE		
<input type="checkbox"/> BEST QUALIFIED <input type="checkbox"/> FULLY QUALIFIED <input type="checkbox"/> DO NOT PROMOTE <input type="checkbox"/> OTHER (Specify Below)		
b. POTENTIAL COMPARED WITH OFFICERS SENIOR RATED IN SAME GRADE (OVERPRINTED BY DA)		c. COMMENT ON PERFORMANCE/POTENTIAL
<input type="checkbox"/> ABOVE CENTER OF MASS (Less than 50% in top box; Center of Mass # 50% or more in top box)		1. Currently correct rate    2. Allowed in this grade A completed DA Form 67-9-1 must be received with this report and included in the evaluation and action. YES NO (Specify)
<input type="checkbox"/> CENTER OF MASS		
<input type="checkbox"/> BELOW CENTER OF MASS RETAIN		
<input type="checkbox"/> BELOW CENTER OF MASS DO NOT RETAIN		d. LIST THREE FUTURE ASSIGNMENTS FOR WHICH THIS OFFICER IS BEST SUITED. FOR ARMY COMPETITIVE CATEGORY CPT, ALSO INDICATE A POTENTIAL CAREER FIELD FOR FUTURE SERVICE.
Assistant Division Chaplain, Division Chaplain, Corps Chaplain		
+ DA FORM 67-9, MAR 2006 + Page 2 of 2 APD FE 46 9365		

# Officer Evaluation Report cont.....

- The Department of the Army has mandated all of its service members to have access to AKO. One of the reasons of having an AKO account nowadays is to start and complete the Evaluation Process.
- Once an Officer logs into his/her AKO, s/he goes to FORMS tab and search for OER or DA Form 67-9. A “Wizard” comes up to assist an Officer in filling out the form.
  - NOTE: it is recommended for the officer to initiate the form and route it to his/her raters. This way, s/he is able to track on his/her own evaluation. However, the unit’s Unit Administrator or Personnel Senior NCO can initiate the process.
- Once the administrative portion has been completed, Save the form in your Inbox. Once it is saved, the individual will be able to select and route the Form to his/her rater.

# Officer Record Brief (ORB)

OFFICER RECORD BRIEF (DA Pam 600-8)																																		
CON NO 2000		BRIEF DATE 20090421			BASIC/CON BR BR DTL EXPIRES			COMPONENT USAR		SSN 000-00-0000		NAME DOE, JOHN D.																						
SECTION I - ASSIGNMENT INFORMATION					SECTION II - SECURITY DATA				SECTION III - SERVICE DATA				SECTION IV - PERSONAL/FAMILY DATA																					
OVERSEAS DUTY					SECURITY CLEARANCE				FEED		CURRENT PRN		SAD CURRENT TOUR		DATE OF BIRTH		BIRTHPLACE																	
YR MO RTN	COUNTRY	MONTHS	TCS	NUMBER OF OS TOURS	COMPL DATE OF SETY INVS				BASIC DATE OF APY		BASIC YEAR GP		SOURCE OF ORIG APY		COUNTRY OF CIT		SEX/RACE																	
				SHORT	LONG				MONTHS DAYS AFCS		MO AF5		TYPE OG ORGN APY		NO DEPENDENTS ADULTS/CHILDREN																			
DROS					DEROS				CURR SVC AGRVITY/EXPR DATE		DATE OF PROJ/IND RET		MARRIAGE STATUS		SPOUSE BIRTHPLACE/ CIT																			
CONUS DEPARTURE DATE					LANGUAGE		READ		LISTEN		TOOR		ELT-DW1		ELT-DW2		OFF-DW3		NAJ-DW4		PULSES/DATE		HEIGHT/WEIGHT											
DATE DEPENDENTS ARRIVED OS					DUAL				TOOR		POOR		LTL		COL		M		M		HOME OF RECORD AT EAD		MAILING ADDRESS											
SPECIALTY/MOB DATA					SECTION VI - MILITARY EDUCATION				TOOR		POOR		TOOR		LTG		GEN		SECTION VII - CIVILIAN EDUCATION		SECTION VIII - AWARDS AND DECORATIONS		SECTION IX - REMARKS											
ADDITIONAL BSI MOB					COURSE				MEL		YEAR		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR							
ABI DATA					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
SPECIALTIES					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
PREV DESIGNATED SPEC 1					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
PREV DESIGNATED SPEC 2					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
CONTROL SPECIALTY					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
PROJECTED SPECIALTY					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
FAO GEOG AREA					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
AVIATOR/GUNNERY QUALIFICATIONS					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
ASBD					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
TOPDC AS OF					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
PILOT STATUS					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
INST CERT					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
S/T COURSES					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
RATING DATE					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
GUNNERY SYSTEMS					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
DATE OF AVAILABILITY					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
DATE OF LAST PCS					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
SECTION IX - ASSIGNMENT HISTORY					SECTION VIII - CIVILIAN EDUCATION				TOOR		POOR		TOOR		LTG		GEN		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR	
ASGT	PROJ	FROM DATE	MO	UNIT NO	ORGANIZATION				STATION		LOC	COMD	DUTY TITLE		DIVOS		INSTITUTION		DISCIPLINE		DSC		YR		INSTITUTION		DISCIPLINE		DSC		YR			
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# Officer Record Brief (ORB) cont....

**ORB (ERB for Enlisted) lists the history of a Soldier. That is why it is important for Soldiers to ensure that their ORB/ERBs are up-to-date.**

Section I: annotates Soldier's assignment information to include deployment, overseas and combat duty assignments

Section II: Security Data—the type of security clearance that a Soldier holds

Section III: Soldier's Service Data indicating his/her rank, dates of his/her promotions, his/her entry date in service and when s/he ETS

Section IV: Shows the Soldier's Personal/Family Date to include a brief annotation of his/her Medical Status

Section V: Annotates that languages the Soldier is fluent. (Soldier must pass DLPT with a score of 2 or above in order to have this annotated on his/her record.)

Section VI: Military Education

Section VII: Civilian Education

Section VIII: Awards and Decorations received

Section IX: Detailed assignment information

Section X: Remarks—anything that may pertain to the Soldier's career

# Questions???

DHR, Garrison  
BLDG 34N, Picatinny Arsenal, NJ

HR Technicians:  
Ira Sullivan @ (973)724-7245  
John Buan @ (973)724-5830