

# **UNITED STATES ARMY FINANCIAL MANAGEMENT SCHOOL**



**U.S. ARMY SOLDIER SUPPORT INSTITUTE**

## **Document Training Aid (DTA)**

**for**

**Research the MMPA (AC & RC)**

**Determine Entitlements to Pay & Allowances AC and RC**

**Process Reserve Pay Transactions**

## **Documents Associated with Active Component Pay and Allowances**

Pages	1-2	Orders for Special Duty Assignment Pay (SDAP)
Page	3	Revocation Orders for SDAP
Pages	4	Orders for PCS HDP-L
Page	5	DD1351-2 HDP-L
Page	6	Deployment Orders
Pages	7-10	Orders/certificates for Flight Pay
Pages	11-12	Orders for Parachute Duty Assignment Pay
Pages	13-14	Orders for Demolition Duty Assignment Pay
Page	15	DA Form 4187 (personnel Action) Authorization to Start Separate Rations.
Page	16	DA Form 4187 (personnel Action) Authorization to Stop Separate Rations.
Pages	17-18	DA Form 1475 (Basic allowance for Subsistence Certificate)
Pages	19	DA Form 5960 (Authorization to start, Stop or Change Basic Allowance for Quarters & VHA)
Page	20	Marriage Certificate
Page	21	Assignment to Family Housing
Page	22	Termination of Family Housing
Page	23	DD Form 1561 (Statement to Substantiate Payment of Family Separation Allowance)

**DEPARTMENT OF THE ARMY**

Headquarters, 3<sup>RD</sup> Infantry Division  
Fort Stewart, Georgia 31314

ORDERS 11-151

10 August 20\*\*

BEATTIE, JAMES, 987-72-4686, E-8/MSG, HQ's 3rd INFANTRY  
DIVISION, FORT STEWART GEORGIA, 31314

SPECIAL DUTY ASSIGNMENT PAY designator is awarded or  
terminated as indicated.

ACTION: Award SDAP Level 6/SD-6

AUTHORITY: AR 600-200

EFFECTIVE DATE: 7 August 20\*\*

Recruiter Pay

ADDITIONAL Instruction: This order terminates any other  
Special duty assignment designator that the member may  
have been Awarded.

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)- MSG Beattie, James

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

Headquarters, 3<sup>RD</sup> Infantry Division  
Fort Stewart, Georgia 31314

ORDERS 12-118

30 September 20\*\*

BEATTIE, JAMES, 987-72-4686, E-8/MSG, HQ's 3rd INFANTRY  
DIVISION, FORT STEWART GEORGIA, 31314

SPECIAL DUTY ASSIGNMENT designator is awarded or terminated  
as indicated terminate hazardous duty as indicated

ACTION: TERMINATE SDAP Level 6/SD-6  
AUTHORITY: AR 600-200  
EFFECTIVE DATE: 25 SEPTEMBER 20\*\*

Recruiter Pay

ADDITIONAL Instruction: This order terminates any other  
Special duty assignment designator that the member may have  
been Terminated.

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

DISTRIBUTION:  
(1)-COMMANDER  
(5)-PSNCO  
(10)- MSG Beattie, James

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

Headquarters, 3<sup>RD</sup> Infantry Division  
Fort Stewart, Georgia 31314

ORDERS 12-29

2 October 20\*\*

Following orders are change as indicated.

ACTION: REVOCATION So much of: Para 1, ORDER 12-118,  
Headquarters, 3rd Infantry Division and Fort Stewart, GA  
dtd 30 September 20\*\*.

Pertaining to: BEATTIE JAMES MSG, 987-72-4686, HQ's 3rd  
Infantry Division, Fort Stewart, GA, 31314

As reads: TERMINATE SDAP Level 6/SD-6

How Changed: REVOCATION

AUTHORITY: DODFMR

Recruiter Pay

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

DISTRIBUTION:

(1) -COMMANDER

(5) -PSNCO

(10) -MSG Beattie, James

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

3/7<sup>TH</sup> Infantry Brigade  
Fort Stewart, Georgia 31314

Order # 67-32

1 June 20\*\*

BRADLEY, WARREN 234-98-3733, E7/SFC HHC 3/7th INF, Fort Stewart,  
Georgia 31314

YOU WILL PROCEED ON PERMANENT CHANGE OF STATION AS SHOWN. YOU WILL  
REPORT ON OR ABOUT 20 November 200\*\*

ASSIGNED TO: UNITED STATES ARMY REPLACEMENT DETACHMENT (W1RB11)  
YONGSAN, KOREA 96202.

ADDITIONAL INSTRUCTIONS:

- (A) OFFICIAL TRAVEL ARRANGMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE NOT UNDER CONTRACT TO THE GOVERNMENT WILL NOT BE REIMBURSABLE.
- (B) YOU ARE AUTHORIZED SHIPMENT OF HOUSE HOLD GOODS AT GOVERNMENT EXPENSE. NOT TO EXCEED AUTHORIZED WEIGHT ALLOWANCE.
- (C) THIS IS A 12 MONTH, NON-COMMAND SPONORED TOUR. YOU MAY RELOCATE YOUR DEPENDENTS TO A LOCATION OF YOUR CHOICE WITHIN THE CONTINENTAL UNITED STATES. MOVEMENT OF YOUR DEPENDENTS IS AT THE EXPENSE OF THE GOVERNMENT; OR YOU MAY ELECT TO HAVE YOUR DEPENDENTS RESIDE AT YOUR CURRENT DUTY LOCATION UNTIL RETURN TO CONUS.
- (D) DEPENDANTS: (YES)
- (E) YOU WILL SUBMIT A TRAVEL VOUCHER FOR THIS TRAVEL TO THE CUSTODIAN OF YOUR FINANCE RECORDS WITHIN 5 DAYS AFTER COMPLETETION OF TRAVEL.

FOR ARMY USE:

AUTH: EDAS CY DTD 20\*\*120

MDC: 4AE3

ENL/REENLB INDIC: NA

FOR THE COMMANDER:

PERS CON NO: 6HXA000

ASGD TO MGT DSG:

CON SPECIALTY: NONE

DISTRIBUTION:

SFC BRADLEY (20)

PSB: EIB (1) PAB (1)

FOA (1)

*John J. Smith*

JOHN J SMITH

LTC, GS

ACoFS, G1/AG

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

**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.

<b>1. PAYMENT</b> <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> 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 balance to the GTCC contractor. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b>								
2. NAME (Last, First, Middle Initial) (Print or type) <b>BRADLEY, WARREN</b>		3. GRADE <b>E7/SFC</b>		4. SSN <b>234-98-3733</b>		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA				
8. ADDRESS a. NUMBER AND STREET <b>P.O. BOX 50101</b>			b. CITY <b>APO</b>		c. STATE <b>AE</b>		d. ZIP CODE <b>96205</b>			
e. E-MAIL ADDRESS <b>WARREN BRADLEY123@US.ARMY.MIL</b>						10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER <b>805221</b> b. SUBVOUCHER NUMBER				
7. DAYTIME TELEPHONE NUMBER & AREA CODE <b>(317) 721-2111</b>		8. TRAVEL ORDER/AUTHORIZATION NUMBER <b>67-32</b>		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES <b>0.00</b>				c. PAID BY <b>C, DET, 176TH FMCO CAMP HENRY, KOREA ADSN/DSSN: 5480</b>		
11. ORGANIZATION AND STATION <b>2ND INFANTRY DIVISION, CAMP CASEY KOREA</b>				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)				d. COMPUTATIONS <b>STUDENT NOTE:</b>		
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)						
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP		c. DATE OF BIRTH OR MARRIAGE						
16. 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					
11 SEP	DEP FT STEWART, GA	PA								
15 NOV	ARR SAVANNAH AIRPORT, SAVANNAH, GA		AT							
15 NOV	DEP	CP								
16 NOV	ARR INCHEON AIRPORT, SEOUL KOREA		AD							
16 NOV	DEP	GA								
16 NOV	ARR CAMP CASEY, KOREA		MC							
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									
18. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER						17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS				
18. REIMBURSABLE EXPENSES										
a. DATE	b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED					
11 SEP**	PLANE TICKET		378.00		0.00				0.00	
15 NOV**	PORTER TIPS (2 BAGS)		4.00		4.00					
16 NOV**	TRAVELERS CHECKS		5.00		5.00					
18. GOVERNMENT/DEDUCTIBLE MEALS										
a. DATE		b. NO. OF MEALS		a. DATE		b. NO. OF MEALS				
20. a. CLAIMANT SIGNATURE <b>Warren Bradley</b>										
								b. DATE <b>**1117</b>		
c. REVIEWER'S PRINTED NAME <b>Jack J. Johnson, 1SG USA</b>				d. SIGNATURE <b>Jack J. Johnson</b>				e. TELEPHONE NUMBER		f. DATE <b>**1117</b>
21. a. APPROVING OFFICIAL'S PRINTED NAME <b>Martha W. Stewart, CPT Commanding</b>				b. SIGNATURE <b>Martha W. Stewart</b>				c. TELEPHONE NUMBER		d. DATE <b>**1117</b>
22. ACCOUNTING CLASSIFICATION 212*2010 01-401 1442 21P4 S99999 \$232.04										
23. COLLECTION DATA <b>** FOR INSTRUCTIONAL PURPOSE ONLY **</b>										
24. COMPUTED BY <b>ABC</b>		25. AUDITED BY <b>DEF</b>		26. TRAVEL ORDER/AUTHORIZATION POSTED BY <b>GHI</b>		27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID <b>232.04</b>		

**DEPARTMENT OF THE ARMY**

HQ, 23<sup>rd</sup> Infantry Division  
Fort Stewart, Georgia 31314

ORDERS 05-017

15 SEP 20\*\*

PETERS, MARTIN, 356-42-8533, SSG, 23RD MED SPT BN, FORT STEWART, GA 31314

DEPLOYMENT ASSIGNMENT: You will proceed on or about 20 NOV 20\*\* to the designated location indicated below. For a period of not less than 365 days.

All travel will be by government transportation. Commercial travel is not authorized.

You will report to the Theater Finance Office upon arrival to start your entitlements.

You will complete a travel voucher within five days of returning from this assignment.

LOCATION: AFGHANISTAN

*Michael C. Colt*

MICHAEL C. COLT  
LTC, AG  
ADJUTANT GENERAL

DISTRIBUTION:  
(1) - COMMANDER  
(5) - PSNCO  
(10) - SSG, Peters, M

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

Headquarters, 23RD Armor Division  
Fort Stewart, Georgia 31314

ORDERS 12-17

09 DEC 20\*\*

PETERS, MARTIN, 356-42-8533, SSG, 23RD MED SPT BN FORT  
STEWART, GA 31314

You will perform or terminate hazardous duty as  
indicated.

ACTION: PERFORM

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: Flight Pay (Crewmember)

Additional pay code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE: 1 DEC 20\*\*

Date additional pay terminate: NA

Format: 332

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

DISTRIBUTION:

(1) -COMMANDER

(5) -PSNCO

(10) -SOLDIER

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

Headquarters, 23RD Armor Division  
Fort Stewart, Georgia 31314

ORDERS 06-121

12 JUNE 20\*\*

NEVILLE, GARY 429-27-0155, SPC, 23RD MED SPT BN FORT  
STEWART, GA 31314

You will perform or terminate hazardous duty as  
indicated.

ACTION: PERFORM

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: Flight Pay (Non-Crewmember)

Additional pay code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE: 1 JUNE 20\*\*

Date additional pay terminate: NA

Format: 332

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

DISTRIBUTION:

(1) -COMMANDER

(5) -PSNCO

(10) -SOLDIER

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

Headquarters, 23RD Armor Division  
Fort Stewart, Georgia 31314

ORDERS 08-121

09 AUGUST 20\*\*

NEVILLE, GARY 429-27-0155, SPC, 23RD MED SPT BN FORT  
STEWART, GA 31314

You will perform or terminate hazardous duty as  
indicated.

ACTION: TERMINATE

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: Flight Pay (Non-Crewmember)

Additional pay code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE: 31 JULY 20\*\*

Date additional pay terminate: NA

Format: 332

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

DISTRIBUTION:

(1) -COMMANDER

(5) -PSNCO

(10) -SOLDIER

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

Headquarters, 23RD Armor Division  
Fort Stewart, Georgia 31314

1 November 20\*\*

SUBJECT: Certificate of flight duty pay status.

All personnel in an authorized flying status have qualified for flying duty pay for the month of OCTOBER 20\*\* except the following:

SSG GANT, RON 651-93-0555, (Non-Crewmember)

SFC GONZALEZ, JUAN, 949-01-0105 (Non-Crewmember)

*Thomas L. Turner*

THOMAS L. TURNER  
CPT, INF  
AVIATION OFFICER

DISTRIBUTION:  
(1) -COMMANDER  
(5) -PSNCO  
(10) -SOLDIER

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

Headquarters, 23RD Armor Division  
Fort Stewart, Georgia 31314

ORDERS 10-12

02 OCTOBER 20\*\*

FRYMAN, TRAVIS, 295-08-4735, SSG/E-6, 1/92ND MECH INF  
FORT STEWART, GA 31314

You will perform or terminate hazardous duty  
as indicated.

ACTION: PERFORM

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: PARACHUTE

Additional pay code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE: 2 October 20\*\*

Date additional pay terminate: NA

Format: 332

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

Headquarters, 23RD Armor Division  
Fort Stewart, Georgia 31314

ORDERS 04-122

30 APR 20\*\*

MILLINGTON, SAM, 859-74-7045, SPC/E-4, 1/92ND MECH INF  
FORT STEWART, GA 31314

You will perform or terminate hazardous duty as  
indicated.

ACTION: TERMINATE

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: PARACHUTE

Additional pay code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE 1 MAY 20\*\*

Date additional pay terminate: NA

Format: 332

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

DISTRIBUTION:

(1) -COMMANDER

(5) -PSNCO

(10) -SOLDIER

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

Headquarters, 23RD Armor Division  
Fort Stewart, Georgia 31314

ORDERS 03-141

21 MARCH 20\*\*

ARCHIBALD, AL 175-28-3543, SSG/E-6, 1/93rd MECH INF FORT  
STEWART, GA 31314

You will perform or terminate hazardous duty as indicated.

ACTION: PERFORM

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: DEMOLITION

Additional pay code: 0

Special qualification identifier awarded: NA

EFFECTIVE DATE: 19 MARCH 20\*\*

Date additional pay terminate: NA

Format: 332

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

DISTRIBUTION:

(1) -COMMANDER

(5) -PSNCO

(10) -SOLDIER

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

**DEPARTMENT OF THE ARMY**

Headquarters, 23RD Armor Division  
Fort Stewart, Georgia 31314

ORDERS 03-201

30 SEPTEMBER 20\*\*

ARCHIBALD, AL 175-28-3543, SSG/E-6, 1/93rd MECH INF FORT  
STEWART, GA 31314

You will perform or terminate hazardous duty as  
indicated.

ACTION: TERMINATE

AUTHORITY: DODFMR and AR 37-104-3

TYPE DUTY: DEMOLITION

Additional pay code: 0

Special qualification identifier awarded: NA

EFFECTIVE DATE: 1 SEPTEMBER 20\*\*

Date additional pay terminate: NA

Format: 332

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

DISTRIBUTION:

(1) -COMMANDER

(5) -PSNCO

(10) -SOLDIER

**\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\***

# PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.  
**DISCLOSURE:** 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) S-1 NCOIC 549 <sup>th</sup> MP Company Ft. Stewart, GA 31314	2. TO (Include ZIP Code) 24 <sup>TH</sup> Finance Company Ft. Stewart, GA 31314	3. FROM (Include ZIP Code) Commander 549 <sup>th</sup> MP Company Ft. Stewart, GA 31314
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## SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) <b>HENTGEN, PAT</b>	5. GRADE OR RANK/PMOS/AOC <b>E1/PVT</b>	6. SOCIAL SECURITY NUMBER <b>140-85-8946</b>
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## SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

## SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteering For Oversea Service	Retesting in Army Personnel Tests	<input checked="" type="checkbox"/> Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	Other (Specify)
Airborne Training	Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required) <b>PAT HENTGEN</b>	10. DATE (YYYYMMDD) <b>10 SEP ****</b>
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## SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

DUE TO MISSION REQUIREMENTS AND SHIFT WORK, COMMANDER HAS AUTHORIZED SOLDIER TO MESS SEPARATELY. SOLDIER HAS TURNED IN HIS MEAL CARD.

STOP MEAL DEDUCTIONS EFFECTIVE: **10 SEP \*\***

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

## SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED  RECOMMEND APPROVAL  RECOMMEND DISAPPROVAL  IS APPROVED  IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE <b>STEPHEN A. RHODES, CPT MP CDR</b>	13. SIGNATURE <b>STEPHEN A. RHODES</b>	14. DATE (YYYYMMDD) <b>10 SEP ****</b>
---	---	---

# PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.  
**DISCLOSURE:** 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) S-1 NCOIC 549 <sup>th</sup> MP Company Ft. Stewart, GA 31314	2. TO (Include ZIP Code) 24 <sup>TH</sup> Finance Company Ft. Stewart, GA 31314	3. FROM (Include ZIP Code) Commander 549 <sup>th</sup> MP Company Ft. Stewart, GA 31314
--	---	--

## SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) <b>HENTGEN, PAT</b>	5. GRADE OR RANK/PMOS/AOC <b>E1/PVT</b>	6. SOCIAL SECURITY NUMBER <b>140-85-8946</b>
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## SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

## SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteering For Oversea Service	Retesting in Army Personnel Tests	<input checked="" type="checkbox"/> Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	Other (Specify)
Airborne Training	Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required) <b>PAT HENTGEN</b>	10. DATE (YYYYMMDD) <b>5 NOV ****</b>
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## SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

SOLDIER IS NO LONGER WORKING SHIFTS AND HAS RETURNED TO NORMAL DUTY HOURS. SOLDIER HAS BEEN ISSUED A MEAL CARD.

START MEAL DEDUCTIONS EFFECTIVE: 5 NOV \*\*

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

## SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED  RECOMMEND APPROVAL  RECOMMEND DISAPPROVAL  IS APPROVED  IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE <b>STEPHEN A. RHODES, CPT MP CDR</b>	13. SIGNATURE <b>STEPHEN A. RHODES</b>	14. DATE (YYYYMMDD) <b>5 NOV ****</b>
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**AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA)**  
For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 37 USC 403; Public Law 96-343; EO 9397.  
**PRINCIPLE PURPOSE:** To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).  
**ROUTINE USE:** To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.  
**DISCLOSURE IS VOLUNTARY:** Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.

1. NAME (Last, First, MI)  
**GREENE, TODD**

2. SOCIAL SECURITY NUMBER **758-53-9455** 3. GRADE **E6/SSG**

4. TYPE OF ACTION

START	CANCEL	<input checked="" type="checkbox"/>	CHANGE	REPORT
CORRECT	STOP		RECERTIFICATION	

5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)  
**1/16<sup>TH</sup> FA  
FT. BRAGG, NC 28307**

6. DATE/ACTION (YYYYMMDD)  
**20\*\*1215**

7. BAQ TYPE

<input checked="" type="checkbox"/>	WITH DEPENDENTS	<input type="checkbox"/>	PARTIAL
<input type="checkbox"/>	WITHOUT DEPENDENTS		

8. MARITAL/DEPENDENCY STATUS

<input type="checkbox"/> a. SINGLE	<input checked="" type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3))	<input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3))
<input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3))	<input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6))	

(1) Spouse/Former Spouse SSN (2) Spouse/Former Spouse Duty Station (3) Date of Marriage, Divorce/Separation  
**15 Dec \*\***

(4) Child in Custody of:  Member  Spouse  Former Spouse  Other

(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.  
 (6) If child support received from another military member, complete (1), (2) & (3).

9. QUARTERS ASSIGNMENT/AVAILABILITY

<input type="checkbox"/> a. ADEQUATE (see block (1))	<input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4))
<input type="checkbox"/> c. TRANSIENT (see block (3))	<input checked="" type="checkbox"/> d. NOT AVAILABLE

(1) QUARTERS NO. (2) FAIR RENTAL VALUE \$

(3) FROM: TO:

(4)  MEMBER ELECTION (Member in grade E7 and above)  COMMANDER DETERMINATION (Attached)

10. DEPENDENTS/SHARERS (Continue on back if required)

NAME OF DEPENDENT/SHARER	COMPLETE CURRENT ADDRESS (Include ZIP Code)	RELATIONSHIP	DOB OF CHILDREN
<b>GREENE, AMBER L.</b>	<b>4040 SQUARE DRIVE FAYETTEVILLE, NC 28314</b>	<b>SPOUSE</b>	

11. CERTIFICATION OF DEPENDENT SUPPORT

I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.

IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period

12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON

My permanent duty station:  My dependent's location:  Both my permanent duty station and dependent's location.

a. Monthly Expenses:	Member	Dependent	b. Sharer/Lease Information	c. Address information
(1) Mortgage (PITI) or Rent	<b>\$500.00</b>		(1) Rental/Residential Address: <b>4040 SQUARE DRIVE FAYETTEVILLE, NC 28314</b>	(1) Landlord's Name and Address: <b>P.O. BOX 10 FAYETTEVILLE, NC 28314</b>
(2) Insurance			(2) Effective Date: (3) Expiration Date:	(2) Landlord's Phone No.
(3) Other			<b>12 DEC **</b> <b>12 NOV **</b>	<b>(910) 425 - 2500</b>
TOTALS	<b>\$500.00</b>		(4) Number of Sharers (show name(s) and address in block 10.)	

I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement.  
 IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.

13. MEMBER'S SIGNATURE **Todd Greene** 14. DATE **17 Dec \*\*** 15. CERTIFYING OFFICER'S SIGNATURE **Jennifer K. Olsen, SSG Certifier** For: William H. Dollars, MAJ FC 16. DATE **17 Dec \*\***

*MARRIAGE CERTIFICATE*  
*STATE OF GEORGIA*  
*COUNTY OF COBB*

GROOM: TODD GREENE

BRIDE: AMBER L. MONTAGO

THE ABOVE NAMED INDIVIDUALS WERE MARRIED BY ME IN HOLY  
MATRIMONY ON THE 15TH DAY OF DECEMBER 20\*\*

*Gerald L. Pittman*

GERALD PITTMAN

JUSTICE OF THE PEACE

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

**DEPARTMENT OF THE ARMY**

3<sup>rd</sup> Infantry Division  
Privatized Housing Office  
Fort Stewart, Georgia 31314

ATSG-TD-EFS

2 OCT 20\*\*

TO: SEE DISTRIBUTION

FROM: HOUSING OFFICE FT. STEWART, GA

SUBJECT: ASSIGNMENT/TERMINATION OF FAMILY HOUSING

1. THE FOLLOWING INDIVIDUAL IS **ASSIGNED**/~~TERMINATED~~ GOVERNMENT FAMILY QUARTERS:

NAME: **PAUL, RAYMOND J.**

RANK: **SSG**

SSAN: **999-78-2453**

UNIT: **23RD MI BN**

**ASSIGNED: ADEQUATE FAMILY HOUSING**

ADDRESS: **1099 DRUM DR. UNIT 2B, FT STEWART, GA 31314**

2. EFFECTIVE DATE: **8 OCTOBER 20\*\***

3. AUTHORITY: AR 210-50

4. THIS MOVE IS FOR THE CONVENIENCE OF:  
**GOVERNMENT**/~~INDIVIDUAL/COMMAND~~

5. THIS ACTION ~~IS~~/ **IS NOT** TAKEN AS PART OF INTRAPOST MOVE.

FOR THE  
COMMANDER:

*Florence E. Leggett*

FLORENCE E LEGGETT  
C: FAM HSG MGT BR

DISTRIBUTION:

(5)-INDIVIDUAL

(5)-TRANSPORTATION

(2)-PSNCO

(2)-FINANCE OFFICE

(1)-FILE COPY

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

**DEPARTMENT OF THE ARMY**

3<sup>rd</sup> Infantry Division  
Privatized Housing Office  
Fort Stewart, Georgia 31314

ATSG-TD-EFS

22 OCT 20\*\*

TO: SEE DISTRIBUTION  
FROM: HOUSING OFFICE FT. STEWART, GA  
SUBJECT: ASSIGNMENT/TERMINATION OF FAMILY HOUSING

1. THE FOLLOWING INDIVIDUAL IS ~~ASSIGNED~~/**TERMINATED** GOVERNMENT FAMILY QUARTERS:

NAME: **DOUGLAS, JAMES P.**

RANK: **SFC**

SSAN: **999-72-3188**

UNIT: **23RD DIV BAND**

**TERMINATION: ADEQUATE FAMILY HOUSING**

ADDRESS: **1097 WINDSOR DR. UNIT 5A, FT STEWART, GA 31314**

2. EFFECTIVE DATE: **29 OCTOBER 20\*\***

3. AUTHORITY: AR 210-50

4. THIS MOVE IS FOR THE CONVENIENCE OF:  
~~GOVERNMENT~~/**INDIVIDUAL**/~~COMMAND~~

5. THIS ACTION ~~IS~~/ **IS NOT** TAKEN AS PART OF INTRAPOST MOVE.

FOR THE  
COMMANDER:

*Florence E. Leggett*

FLORENCE E LEGGETT  
C: FAM HSG MGT BR

DISTRIBUTION:  
(5) -INDIVIDUAL  
(5) -TRANSPORTATION  
(2) -PSNCO  
(2) -FINANCE OFFICE  
(1) -FILE COPY

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

**STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 37, U.S. Code, Section 427.  
**PRINCIPAL PURPOSE:** To evaluate member's application for FSA.  
**ROUTINE USES:**  
 a. Serves as substantiating document for FSA payments and input into the member's pay account.  
 b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.  
 c. Provides a record in service member's pay account and for safekeeping.  
**DISCLOSURE:** Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.

<b>1. NAME OF MEMBER (Last, First, Middle Initial)</b> HENDERSON, RICKEY	<b>2. GRADE</b> O4MAJ	<b>3. SOCIAL SECURITY NUMBER</b> 726-21-0305	<b>4. BRANCH AND ORGANIZATION</b> REGULAR ARMY
---	--------------------------	---	---

**PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA**

<b>5. TYPE II (X as applicable)</b> <input type="checkbox"/> FSA-T (Temporary) <input checked="" type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship)	<b>6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)</b>  10 <sup>TH</sup> SFG MT. PAGE, ITALY 98612
<b>7. DATE (DDMMYY) DEPARTED RESIDENCE TO UNIT HOME STATION (Mobilized Members)</b>	

**8. I CERTIFY TO THE FOLLOWING FACTS (X applicable box(es))**

a. I am not divorced or legally separated from my spouse.  
 b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.  
 c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty.  
 d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.  
 e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.  
 f. I am married to another military member currently serving on active duty and my spouse  was  was not residing with me immediately before being separated by execution of my military orders.  
 Spouse's SSN: \_\_\_\_\_ Branch and Component: \_\_\_\_\_  
 g. My last TDY or deployment, if any,  was  was not within the last 30 days from this TDY or deployment.

**9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.**

<b>a. DATE (DDMMYY)</b> 10 SEP **	<b>b. SIGNATURE OF MEMBER</b> <i>RICKEY HENDERSON</i>
--------------------------------------	--

**PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW**

**10. TYPE II - FSA-T.** Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. (Attach a blank page for continuation if necessary.)

a. LOCATION	b. INCLUSIVE DATES OF TDY/T (From/To)	c. NO. OF DAYS

**11. TYPE II - FSA-R.** Member departed (PCS/detached) from FT. STEWART, GA on 10 August (Last permanent duty station) (DDMMYY) and was on leave en route 10 - 28 August (inclusive leave dates - DDMMYY), proceed time 29- 30 August (inclusive dates) and the member reported to 10TH SFG MT. PAGE, ITALY on 31 August (DDMMYY). Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.

**12. TYPE II - FSA-S.** Member was serving on orders, on board ship, away from homeport commencing (DDMMYY) \_\_\_\_\_.

<b>a. NAME OF SHIP/UNIT</b>	<b>b. HOMEPORT</b>
-----------------------------	--------------------

**13. Travel performed under authority of orders** 122-34 23RD INF DIV FT. STEWART, GA, dated \_\_\_\_\_.

**14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.**

<b>15. DATE (DDMMYY)</b> 10 SEP **	<b>16. CERTIFYING OFFICER</b>	
	<b>a. TYPED NAME (Last, First, Middle Initial)</b> Jennifer K. Olsen	<b>b. TITLE</b> Certifier
	<b>c. ORGANIZATION</b> 24TH FINANCE COMPANY, FSGA 31314	<b>d. SIGNATURE</b> <i>Jennifer K. Olsen</i>

## Documents Associated with RC Pay and Allowances

Page	25	Reserve Units and UIC's and Information Sheet
Page	26	Information Sheet
Page	27	DA 2142
Page	28	DA 7003
Page	29	DA Form 4187 (Name Change)
Page	30	DA Form 4187 (Reduction in Grade)
Page	31	DA Form 362 Report of Survey
Page	32	DA 7003
Page	33 - 34	SGLV-8286 (Servicemen's Group Life Insurance Election and Certificate 06/2011)
Page	35	SGLI Chart
Page	36	W-4 Form
Page	37	Change UDT Roster
Page	38	Drill Attendance Roster
Page	39	Reserve Orders (Long Tour)
Page	40	Reserve Orders (Short Tour)

## INFORMATION ON SOLDIERS IN 3RD INFANTRY DIVISON

<u>NAME</u>		<u>SSN</u>	<u>GRADE</u>	<u>UNIT</u>	<u>INCENTIVE PAY</u>
AISTON	SAM	238-80-8866	O2/1LT	4/78TH INF	NONE
COLE	ANDY	957-93-0816	O2/1LT	4/4 ARMOR	NONE
FOSTOR	KEVIN	129-11-7383	E6/SSG	4/79TH INF	Demo Req met
GOMES	WAYNE	622-05-1826	E4/SPC	4/79TH INF	Para Req Met
HERNANDEZ	RAMON	322-23-0235	E7/SFC	3/69TH ARMOR	NONE
MEGSON	GARY	260-35-5106	E5/SGT	HHC, 1ST BDE	Para Req Met
OWEN	SYD	373-83-1146	E3/PFC	HHC, 2ND BDE	NONE
RON C.	CLAYTON	231-75-0833	E7/SFC	3/69TH ARMOR	NONE
STEVENS	GARY	222-89-0395	O3/CPT	4/79TH INF	Para Req Met
STONE	STEVE	423-03-7133	O4/MAJ	4/77TH INF	NONE

### Reserve Units and UIC's

<u>UNIT</u>	<u>UIC</u>
3/69TH ARMOR	P5NB00
4-78TH MECH	P3DAA0
HHC, 1ST BDE	SYQAA0
HHC, 2ND BDE	8F3X10
4/79TH ARMOR	8B5500
4/4 ARMOR	5DDDD0
4/77TH ARMOR	5AAAA0
1/23RD ARMOR	VHSAA0

Ft. Stewart, GA site ID is " N8 ".

\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*

**INFORMATION ON FINANCIAL MANAGEMENT TECHNICIAN COURSE;  
Financial Management School, Ft. Jackson, South Carolina**

- A. 1 DAY TRAVEL AUTHORIZED EACH WAY.
- B. NO BAS AUTHORIZED.

**INFORMATION ON WEEKEND DRILL PAY.**

- A. 0 TRAVEL DAYS AUTHORIZED.
- B. RNA IS AUTHORIZED.
- C. NO INCENTIVE PAY IS AUTHORIZED.

**INFORMATION ON AIR ASSAULT COURSE;  
Ft. Campbell, Kentucky**

- A. 2 TRAVEL DAYS AUTHORIZED EACH WAY.
- B. NO BAS IS AUTHORIZED.
- C. INCENTIVE PAY AUTHORIZED - PARA, REQUIREMENTS MET.
- D. 200 MILES ONE WAY

---

\*\* ASSUME CERTIFICATE OF COMPLETION IS ATTACHED.

\*\* NO C02 WILL BE INPUT ON ANY OF THE INPUTS.

\*\* NO TRAVEL DAYS AUTHORIZED FOR DEPLOYMENTS FROM FT JACKSON.

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

<b>PAY INQUIRY</b>		BLOCK NUMBER	
For use of this form see AR 37-104-3; the proponent agency is USAFAC.		INQUIRY NO.	DATE
		0001	19 SEP **
SECTION I (To be completed by soldier)			
NAME (Last, First, Middle)	SSN	GRADE	
<b>HERNANDEZ, RAMON</b>	<b>322-23-0235</b>	<b>E7/SFC</b>	
UNIT		PHONE NUMBER	
<b>3/69<sup>th</sup> ARMOR BN, Ft. Stewart, GA 31313</b>		<b>767-3211</b>	
NATURE OF PAY INQUIRY (Be specific)			
<p>SOLDIER REQUESTS A CASUAL PAY DUE TO A FAMILY EMERGENCY.</p> <p>SOLDIER REQUESTS \$395.00 IN FUNDS TO PURCHASE A PLANE TICKET FOR EMERGENCY LEAVE.</p>			
SECTION II (To be completed by Unit Commander)			
<input checked="" type="checkbox"/> 1. Supporting document(s) submitted or will be submitted to finance.		DATE	TL NUMBER
<input checked="" type="checkbox"/> 2. Local payment. Soldier has been counseled regarding impact on future pay. My recommendation is to <u>approve</u> /disapprove (cross out the appropriate word) the local payment.			<b>B.H.</b>
<input type="checkbox"/> 3. Other (Specify)			
Signature of Unit Commander (or soldier as appropriate).		DATE	
<i>BRUCE HEATH,</i> BRUCE HEATH, CPT, AR, COMMANDING		19 SEP **	
SECTION III (To be completed by Finance)			
PROBLEM	<input type="checkbox"/> Allotment <input type="checkbox"/> Entitlements <input type="checkbox"/> Collection <input type="checkbox"/> Leave <input type="checkbox"/> Non-receipt Check <input type="checkbox"/> Non-receipt LES <input checked="" type="checkbox"/> Other (Specify) <u>Casual Pay for Emergency Leave</u>		
INQUIRY ANALYSIS CAUSE			
<input type="checkbox"/> 1. Non-receipt of document from Unit Commander.		<input type="checkbox"/> 2. Late receipt of document from Unit Commander.	
<input type="checkbox"/> 3. Document received - Finance did not process.		<input type="checkbox"/> 4. Document received and processed but rejected on DJUOL.	
<input type="checkbox"/> 5. Document received from Unit Commander on time but too late to be processed prior to JUMPS cutoff.		<input type="checkbox"/> 6. Problem with prior station.	
<input type="checkbox"/> 7. USAFAC		<input checked="" type="checkbox"/> 8. Other (Specify) <u>LOCAL PAYMENT</u>	
DESCRIPTION OF CAUSE AND ACTION TAKEN.			
<i>Paid Soldier local payment in the amount of \$395.00.</i>			
<b>** FOR INSTRUCTIONAL PURPOSE ONLY **</b>			
ACTION REQUIRED			
<input type="checkbox"/> DA Form 3684 <input checked="" type="checkbox"/> Local Payment		INQUIRY EVALUATION	
<input type="checkbox"/> Other (Specify)		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Invalid	
DATE APPROVED LOCAL PAYMENT PAID		SIGNATURE OF PAY CLERK	
19 SEP **		<i>Jessica A. Marlboro, SPC USA</i>	

1. TYPE OF PAYMENT (Check one)  <input type="checkbox"/> PA (ADVANCE) <input type="checkbox"/> PM (BONUS/RRB) <input checked="" type="checkbox"/> PC (CASUAL) <input type="checkbox"/> PQ (SEPARATE) <input type="checkbox"/> PJ (CONT/PAY) <input type="checkbox"/> PQ (REENLIST) <input type="checkbox"/> PX (PARTIAL) <input type="checkbox"/> OTHER (LIST TYPE) _____ <input type="checkbox"/> PL (BONUS/SRB)	<b>PAYMENT AUTHORIZATION (JUMPS)</b> For use of this form see AR 37-014-3; the proponent agency is ASA (FM)		PAID BY  <b>24<sup>th</sup> FMCO</b> <b>FT STEWART GA, 31414</b>  <b>ADSN 4900</b>  <b>19 SEP **</b>
	2. SOCIAL SECURITY NO <b>322-23-0235</b>	3. NAME (Last, First, Middle) <b>HERNANDEZ, RAMON</b>	
	4. PERMANENT PARTY STATION ADDRESS <b>3/69<sup>th</sup> ARMOR BN, Ft. Stewart, GA 31313</b>		
5. SPECIAL PAYMENT INSTRUCTIONS  <b>ARMY RESERVIST INPUT REQUIRED FOR RCIS</b>	6. MEMBER CERTIFICATION (Check appropriate item) <input type="checkbox"/> I have received _____ previous casual payments during this reassignment, TDY, or authorized leave under Order No. _____. <input checked="" type="checkbox"/> To the best of my knowledge, all payments I have received have been deducted from my pay account and all leave I have taken has been posted against my leave balance. I understand that the final payment made to me on my separation form active service may be adjusted by central site. This adjustment would be based on a detailed computation of all valid transactions affecting my pay account. I have also been informed that my final leave and earnings statement will show any adjustments that are known on my computation date.		10. VOUCHER DATE (YYMMDD)  <b>**0919</b>
7. CHECK ADDRESS ( if applicable)			11. AGENCY CODE <b>ARMY RESERVE</b>
			12. VOUCHER NUMBER <b>600500</b>
			13. AMOUNT PAID <b>\$395.00</b>
			14 CLEAR ACCOUNT ID (Check one) <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> ENLISTED
8. PCS ACTIONS  <input type="checkbox"/> PAYMENT POSTED TO DA FORM 2356  <input type="checkbox"/> MEMBER NOT IN POSSESSION OF PCS PACKAGE	9. REMARKS  <b>LOCAL PMT FOR EMERGENCY REASONS.</b>  <b>21*2010 01-1100 P1190.00 1199 S99999</b>		15. ADVANCE PAY CATEGORY (if applicable)
			15a NUMBER OF MONTHS ADVANCE
			15b NUMBER OF MONTHS REPAYMENT
17. PREPARED BY (Signature/Date)  <b>Mary J. O'Hare</b> <b>Mary J. O'Hare 19 SEP **</b> <b>PFC, Customer Service</b>	RECEIPT OF AMOUNT SHOWN PAID IS ACKNOWLEDGED		16. PAYROLL NUMBER
	18. SIGNATURE OF PAYEE  <b>Ramon Hernandez</b>	19. DATE  <b>19 SEP **</b>	20. APPROVED BY (Signature/Date)  <b>Walter C. Cory 19 SEP **</b> <b>For: Walter C. Cory</b> <b>MAJ , FC, Disbursing Officer</b>
DA FORM 7003, JUL 91			

**STUDENT NOTE:**  
**Authorization Number = 001**  
**Order Number = 043221**  
**APC = E1E201**

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

# PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.  
**DISCLOSURE:** 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) 24 <sup>TH</sup> Finance Company <b>ATTN: Reserve Pay Section</b> Ft. Stewart, GA 31314	3. FROM (Include ZIP Code) Commander 3/69 <sup>th</sup> Armor Battalion Ft. Stewart, GA 31314
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## SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) <b>RON, CLAYTON C.</b>	5. GRADE OR RANK/PMOS/AOC <b>E7/SFC</b>	6. SOCIAL SECURITY NUMBER <b>231-75-0833</b>
---	--	---

## SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

## SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input checked="" type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl 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) <b>Clayton C. Ron</b>	10. DATE (YYYYMMDD) <b>23 MAY ****</b>
--	---

## SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- SOLDIER'S NAME IS INCORRECT IN HIS RECORDS AND LES.
- CORRECT NAME AS FOLLOWS:

**FROM:** Clayton, Ron C. **TO:** Ron, Clayton C.

### STUDENT NOTE:

**When coding transactions and the last name is less than 5 characters, you must still use the first 5 characters. (i.e. Ron\_C)**

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

## SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED  RECOMMEND APPROVAL  RECOMMEND DISAPPROVAL  IS APPROVED  IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE <b>JACK E. JOHNSON, CPT AR CDR</b>	13. SIGNATURE <b>JACK E. JOHNSON</b>	14. DATE (YYYYMMDD) <b>24 MAY ****</b>
---	---	---

# PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.  
**DISCLOSURE:** 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) 24 <sup>TH</sup> Finance Company <b>ATTN: Reserve Pay Section</b> Ft. Stewart, GA 31314	3. FROM (Include ZIP Code) Commander 4/79 <sup>TH</sup> Infantry Battalion Garden City, GA 31418
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## SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) <b>GOMES, WAYNE</b>	5. GRADE OR RANK/PMOS/AOC <b>E4/SPC</b>	6. SOCIAL SECURITY NUMBER <b>622-05-1826</b>
--	--	---

## SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

## SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) <b>GRADE REDUCTION</b>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
---	---------------------

## SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. THE ABOVE NAMED INDIVIDUAL IS REDUCED FROM THE GRADE OF **E4** TO **E3**.
2. EFFECTIVE DATE: **1 SEP 20\*\*\***

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

## SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED  RECOMMEND APPROVAL  RECOMMEND DISAPPROVAL  IS APPROVED  IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE <b>T.J. ROWE, MAJ INF CDR</b>	13. SIGNATURE <b>T. J. ROWE</b>	14. DATE (YYYYMMDD) <b>20** SEP 02</b>
--	------------------------------------	---

STATEMENT OF CHARGES/CASH COLLECTION VOUCHER

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

1. DATE  
30 SEP \*\*  
2. DOCUMENT/VOUCHER NUMBER  
WH3457-12-000083

3. ORGANIZATION  
CENTRAL ISSUE FACILITY, FT. STEWART, GA 31314

4. STATION  
4-79TH MECH INF GARDEN CITY, GA 31418

5. DISBURSING OFFICE COLLECTION VOUCHER NUMBER

6. DISBURSING STATION SYMBOL NUMBER  
4900

7. ACCOUNTING CLASSIFICATION

STOCK NUMBER a.	ITEM DESCRIPTION b.	QTY c.	UNIT PRICE d.	TOTAL COST e.
125-09236	AMMO POUCHES	2	7.55	15.10
4240-012580062	CHEMICAL BIOLOGICAL MASK FIELD M40	1	240.00	240.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

**STUDENT NOTE**  
**APC = 323225**

8. TYPE OR ACTION (Select one)

a. PAYROLL DEDUCTION

b. CASH COLLECTION  
255.10

c. GRAND TOTAL  
255.10

9. CERTIFICATION OF RESPONSIBLE INDIVIDUAL

I certify that my signature hereon constitutes

a. An authorization to recover the amount of the indebtedness through payroll deduction, if payroll deduction is checked. If cash collection is checked, I am remitting debt in cash.

b. An affirmation that the articles are not now in my possession.

c. An agreement to turn-in to the appropriate supply officer all articles later recovered, it being understood that the U.S. Government retains title to the articles listed hereon.

d. RANK/ GRADE E3/PFC	e. NAME (LAST, First, Middle Initial) GOMES, WAYNE	g. CAUSE FOR CHARGE LOST	h. SIGNATURE WAYNE GOMES	i. AMOUNT 255.10
	f. SOCIAL SECURITY NUMBER 622-05-1826			

10. ORGANIZATION COMMANDER

The statements hereon are complete and correct. All damaged property has been disposed of in accordance with current directives and the charges have been computed in accordance with the provisions of AR 735-5, Appendix B.

11. DISBURSING OFFICER OR PAYROLL CERTIFYING OFFICER

The amount entered in grand total has been (FAO) check the appropriate action below.

a. Entered on the appropriate pay record or payroll, or DD Form 139 has been prepared and forwarded for collection.

b. Remitted through cash collection.

a. DATE 30 JUN **	b. SIGNATURE BLOCK/SIGNATURE J.D. REED J.D. REED 53RD FA, FT STEWART,GA	c. DATE 30 SEP **	d. SIGNATURE BLOCK/SIGNATURE JOHN H. LEWIS JOHN H. LEWIS, MAJ, FC DISBURSING OFFICER
----------------------	--	----------------------	--

1. TYPE OF PAYMENT (Check one)  <input type="checkbox"/> PA (ADVANCE) <input type="checkbox"/> PM (BONUS/RRB) <input checked="" type="checkbox"/> PC (CASUAL) <input type="checkbox"/> PQ (SEPARATE) <input type="checkbox"/> PJ (CONT/PAY) <input type="checkbox"/> PR (REENLIST) <input type="checkbox"/> PX (PARTIAL) <input type="checkbox"/> OTHER (LIST TYPE) _____ <input type="checkbox"/> PL (BONUS/SRB)	<b>PAYMENT AUTHORIZATION (JUMPS)</b> For use of this form see AR 37-014-3; the proponent agency is ASA (FM)		PAID BY  <b>24<sup>th</sup> FMCO</b> <b>FT STEWART GA, 31414</b>  <b>ADSN 4900</b>  <b>22 SEP **</b>
	2. SOCIAL SECURITY NO <b>622-05-1826</b>	3. NAME (Last, First, Middle) <b>GOMES, WAYNE</b>	
	4. PERMANENT PARTY STATION ADDRESS <b>4-79<sup>TH</sup> Mech Infantry ,Ft. Stewart, GA 31314</b>		
5. SPECIAL PAYMENT INSTRUCTIONS  <b>ARMY RESERVIST INPUT REQUIRED FOR RCIS</b>	6. MEMBER CERTIFICATION (Check appropriate item) <input checked="" type="checkbox"/> I have received _____ previous casual payments during this reassignment, TDY, or authorized leave under Order No. _____. <i>To the best of my knowledge, all payments I have received have been deducted from my pay account and all leave I have taken has been posted against my leave balance. I understand that the final payment made to me on my separation form active service may be adjusted by central site. This adjustment would be based on a detailed computation of all valid transactions affecting my pay account. I have also been informed that my final leave and earnings statement will show any adjustments that are known on my computation date.</i>		10. VOUCHER DATE (YYMMDD) <b>**0922</b>
7. CHECK ADDRESS ( if applicable)			11. AGENCY CODE <b>ARMY</b>
			12. VOUCHER NUMBER <b>650123</b>
			13. AMOUNT PAID <b>\$150.00</b>
			14 CLEAR ACCOUNT ID (Check one) <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> ENLISTED
8. PCS ACTIONS  <input type="checkbox"/> PAYMENT POSTED TO DA FORM 2356  <input type="checkbox"/> MEMBER NOT IN POSSESSION OF PCS PACKAGE	9. REMARKS  <b>21*2010 01-1100 P1190.00 1199 S99999</b>		15. ADVANCE PAY CATEGORY (if applicable)
			15a NUMBER OF MONTHS ADVANCE
			15b NUMBER OF MONTHS REPAYMENT
17. PREPARED BY (Signature/Date)  <i>Joe T. Clark</i> <b>JOE T. CLARK    21 SEP **</b> <b>SPC, Customer Service</b>	RECEIPT OF AMOUNT SHOWN PAID IS ACKNOWLEDGED		16. PAYROLL NUMBER
	18. SIGNATURE OF PAYEE  <i>Wayne Gomes</i>	19. DATE  <b>21 SEP **</b>	20. APPROVED BY (Signature/Date)  <i>Walter C. Cory</i> <b>21 SEP **</b> <b>For: Walter C. Cory</b> <b>MAJ , FC, Disbursing Officer</b>
DA FORM 7003, JUL 91			

**STUDENT NOTE:**  
**Authorization Number = 001**  
**Order Number = 043221**  
**APC = E1E201**

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***



### 1. About You

HERNANDEZ, RAMON	E7/SFC	322-23-0235
Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
3/69TH ARMOR BATTALION, FT. STEWART GA 31314	ARMY	
Duty Location	Branch of Service	

### 2. About Your Coverage

I am completing this form to: (Check all that apply)

- Name or update my SGLI beneficiary. You must complete sections 3 & 5.
- Increase or restore my SGLI coverage to \$ \_\_\_\_\_ you must complete sections 3, 4, & 5.
- Reduce my SGLI coverage to \$ 150,000 you must complete sections 3 & 5.
- Decline (cancel) SGLI coverage. Write below "I do not want insurance at this time." You must complete section 5.  
" \_\_\_\_\_ "

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

### 3. About Your Beneficiaries Complete this section unless you are declining coverage

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (% or \$ amounts)	Payment Option (Lump sum* or 36 equal monthly payments)
1. LINDA A. HERNANDEZ	887-34-1925	spouse		Lump sum
2.				Lump sum
3.				Lump sum
4.				Lump sum
<b>Secondary</b>				
1. NONE				Lump sum
2.				Lump sum
3.				Lump sum
4.				Lump sum

**Have more beneficiaries?** Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S. If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

\*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

**4. About Your Health** *Complete this section ONLY if you are restoring or increasing coverage.*

02/12/1975

Your date of birth (MM, DD, YYYY)

190

Your weight

70 "

Your height

Your gender

Female

Male

**Have you had, been treated for, or had known indications of:**

- a. A heart condition?
- b. High blood pressure?
- c. A neurological disorder?
- d. Diabetes?
- e. Cancer or tumors?
- f. Have you ever been diagnosed as having a disease of the immune system?
- g. Do you have any known physical impairments, deformities, or ill health not covered above?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.**

Any request to increase coverage does not take effect until approved by OSGLI.

**5. Your Signature** *You must complete this section.*

**I have read the instructions and understand that:**

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and VGLI coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, Family SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline Family SGLI coverage by completing SGLV 8286A.
- I certify that the information provided on this form is true and correct to the best of my knowledge and belief. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

*Ramon Hernandez*

322-23-0235

1 SEP \*\*

Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

\$400,000.00

23 Terrace Oaks Drive, Savannah, GA 31409

Current Amount of SGLI

Address

For Branch of Service Use Only		For OSGLI Use Only	
Name of Personnel Clerk	Rudy T. Smith	Representative	
Rank, title or grade	SSG, S-1 NCOIC	Approve <input type="checkbox"/>	
Contact telephone/email	(912) 767-6235	Disapprove <input type="checkbox"/>	
Date	1 SEP **	Date	
Address	3-69 <sup>th</sup> Armor Battalion, Ft. Stewart, GA 31314		

**STUDENT NOTE: Pages 3 and 4 of this form are Instructions to complete the form.**

# SGLI CHART

<b>SGLI Option Code MMPA FID = DB</b>	<b>Coverage</b>	<b>Deduction*</b>
<b>0</b>	<b>No SGLI</b>	<b>\$0</b>
<b>5</b>	<b>\$50,000</b>	<b>\$4.25</b>
<b>A</b>	<b>\$100,000</b>	<b>\$7.50</b>
<b>F</b>	<b>\$150,000</b>	<b>\$10.75</b>
<b>K</b>	<b>\$200,000</b>	<b>\$14.00</b>
<b>Q</b>	<b>\$250,000</b>	<b>\$17.25</b>
<b>R</b>	<b>\$300,000</b>	<b>\$20.50</b>
<b>S</b>	<b>\$350,000</b>	<b>\$23.75</b>
<b>T</b>	<b>\$400,000</b>	<b>\$27.00</b>

**\*NOTE: The Deduction amount includes a \$1.00 for Traumatic Injury Protection SGLI (TSGLI).**

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ► <b>H</b> _____	<b>H</b> _____

For accuracy, **complete all worksheets that apply.**   

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074  <b>2 0 **</b>
1 Your first name and middle initial <b>RAMON</b>		2 Your social security number <b>322-23-0235</b>
Last name <b>HERNANDEZ</b>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
Home address (number and street or rural route) <b>23 Terrace Oaks Drive</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
City or town, state, and ZIP code <b>Savannah, GA 31409</b>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <b>3</b>
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ <b>0</b>
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ► <b>7</b>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ► <b>RAMON HERNANDEZ</b>		Date ► <b>1 SEP **</b>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
10 Employer identification number (EIN)		

STUDENT NOTE: CHANGE FEDERAL TAXES ONLY

**DEPARTMENT OF THE ARMY**

Headquarters, 3/69<sup>th</sup> Armor Division  
Fort Stewart, Georgia 31314

1 July 20\*\*

SUBJECT: Drill Attendance Roster

The following soldier attended 10 weekend drills this year. He has only been credited for 9. Update attendance records.

Hernandez, Ramon 322-23-0235 SFC/E-7, 3/69th Armor, Ft Stewart, GA, 31314 10 June 20\*\*

Duty Type: Unit Training Assembly.

Certificates of completion are attached.

**STUDENT NOTE:**

**APC: 113588**

*Joseph Winter*

Joseph Winter

CPT, INF

Commanding

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

**DEPARTMENT OF THE ARMY**  
Headquarters, 4/78<sup>th</sup> Mechanized Infantry Battalion  
Fort Stewart, Georgia 31314

21 September 20\*\*

SUBJECT: Drill Attendance Roster

The following soldier attended a weekend drill.  
Certificate of completion is attached.

Aiston, Sam 238-80-8866 01/2LT, 4/78<sup>th</sup> MECH INF \*\*0910 thru  
\*\*0916

Period attended: \*\*0910 0700 AM to 1430 PM  
\*\*0915 0700 AM to 1000 AM  
\*\*0916 0700 AM to 1000 AM

**STUDENT NOTE:**

**APC: 113588**

*Joseph Winter*  
Joseph Winter  
CPT, INF  
Commanding

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

DEPARTMENT OF THE ARMY  
55TH MECHANIZED INFANTRY DIVISION  
CLAXTON, GEORGIA 30417

ORDER 043-022

10 APRIL 20\*\*

GOMES, WAYNE 622-05-1826 PFC/E-3, 4/79<sup>th</sup> MECH INF GARDEN CITY,  
GEORGIA 31418

YOU ARE ORDER TO ACTIVE DUTY TRAINING [ADT] FOR THE PERIOD  
INDICATED.

PERIOD (TDY): 01 SEPTEMBER 20\*\* TO 23 OCTOBER 20\*\*  
REPORT TO: FINANCIAL MANAGEMENT SCHOOL, FORT JACKSON SC 29223  
REPORTING TIME/DATE: NLT 1500HRS 01 SEPTEMBER 20\*\*  
PURPOSE: DEPLOYMENT TO KS

ADDITIONAL INSTRUCTIONS:

- (A) DD FORM 1351-2 MUST BE SUBMITTED WITHIN 5 DAYS AFTER  
PERFORMANCE OF DUTY.
- (B) YOU ARE RESPONSIBLE TO REPORT TO YOUR NEXT DUTY  
STATION IN SATISFACTORY CONDITION AND BE ABLE TO PASS  
THE AFPT.

FOR ARMY USE:

HOR: SAME AS SNL

ACCT CLASS: 21\*2070 24-2356 P4F3111 S14040

APC: E1E201

PEBD: \*\*0601

DISTRIBUTION:

- 3 - INDIVIDUAL
- 6 - FINANCE UNIT ADMINISTRATOR
- 1 - AC/S COMPTROLLER-BUDGET
- 1 - IM, ASB

*Charles J. Duet*

For: CHARLES J. DUET  
MAJ, AG, USAR  
CHIEF, ADMIN SERVICES BRANCH

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***

DEPARTMENT OF THE ARMY  
55TH MECHANIZED INFANTRY DIVISION  
CLAXTON, GEORGIA 30417

ORDER 043-018

21 AUGUST 20\*\*

MEGSON, GARY 260-35-5106, SGT/E-5, HHC, 1<sup>ST</sup> BDE Hinesville, GA 31314

YOU ARE ORDER TO ACTIVE DUTY TRAINING [ADT] FOR THE PERIOD  
INDICATED.

PERIOD (TDY): 01 SEPTEMBER 20\*\* TO 18 SEPTEMBER 20\*\*  
REPORT TO: AIR ASSAULT SCHOOL, FORT CAMPBELL KY  
REPORTING TIME/DATE: NLT 1500HRS 01 SEPTEMBER 20\*\*  
PURPOSE: AIR ASSAULT COURSE

ADDITIONAL INSTRUCTIONS:

(A) DD FORM 1351-2 MUST BE SUBMITTED WITHIN 5 DAYS AFTER  
PERFORMANCE OF DUTY.

(B) YOU ARE RESPONSIBLE TO REPORT TO YOUR NEXT DUTY STATION IN  
SATISFACTORY CONDITION AND BE ABLE TO PASS THE AFPT.

FOR ARMY USE:

HOR: SAME AS SNL

ACCT CLASS: 21\*2070 24-2356 P4F3111 S14040

APC:E1E201

PEBD: \*\*0601

DISTRIBUTION:

3 - INDIVIDUAL

6 - FINANCE UNIT ADMINISTRATOR

1 - AC/S COMPTROLLER-BUDGET

1 - IM, ASB

*Charles J. Duet*

CHARLES J. DUET

MAJ, AG, USAR

CHIEF, ADMIN SERVICES BRANCH

**\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\***