MOS 42A – Human Resources Specialist
Advanced Individual Training / MOS-T

U.S. Army Soldier Support Institute
Adjutant General School

Determine Entitlement to Pay
and Allowances

Training Aid

November 2013
## Documents Associated with Pay and Allowances

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ORDERS 06-121

10 JUNE 20**

BROWN, CHRISTOPHER E. 999-33-8923, SPC, 23RD MED SPT BN
FORT STEWART, GA 31314

SPECIAL DUTY ASSIGNMENT designator is awarded or
terminated as indicated terminate hazardous duty as indicated.
ACTION: Award SD1
AUTHORITY: AR 600-200
EFFECTIVE DATE: 1 JUNE 20**

Drill Sergeant Pay

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

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

/S/
CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
BROWN, CHRISTOPHER E. 999-33-8923, SPC, 23RD MED SPT BN
FORT STEWART, GA 31314

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

ACTION: TERMINATE SD1
AUTHORITY: AR 600-200
EFFECTIVE DATE: 10 JUNE 20**

Drill Sergeant Pay
ADDITIONAL Instruction: This order terminates any other Special
duty assignment designator that the member may have been awarded.

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

/S/
CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
ORDERS 08-129

12 AUGUST 20**

Following orders are change as indicated.

ACTION: REVOCATION
So much of: Para 1, ORDER 08-121, Headquarters, 23rd Armored Division and Fort Stewart, GA dtd 09 August 20**.

Pertaining to: BROWN, CHRISTOPHER E. 999-33-8923, SPC, 23rd Med Spt Bn, FORT STEWART, GA 31314.

As reads: Terminate Drill Sergeants Pay (SD1)
How Changed: REVOCATION
AUTHORITY: DODFMR

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

/ S/
CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
Order # 67-32

1 June 20**

SNORK, JEFF SFC
HHC 1/50 INF

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)
Yungson Korea 90001

ADDITIONAL INSTRUCTIONS:

(A) OFFICIAL TRAVEL ARRANGEMENTS 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) DEPENDANTS: (NO)

(D) YOU WILL SUBMIT A TRAVEL VOUCHER FOR THIS TRAVEL TO THE CUSTODIAN OF YOUR FINANCE RECORDS WITHIN 5 DAYS AFTER COMPLETION OF TRAVEL.

FOR ARMY USE:
AUTH: EDAS CY DTD 20**120
MDC: 4AE3
ENL/REENLB INDIC: NA
ASGD TO MGT DSG:
CON SPECIALTY: NONE

FOR THE COMMANDER:

John J. Smith
JOHN J SMITH
LTC, GS
ACoFS, G1/AG

DISTRIBUTION:
SFC SNORK (20)
PSB: EIB (1) PAB (1)
FOA (1)
**TRAVEL VOUCHER OR SUBVOUCHER**

**1. PAYMENT**
- Split Disbursement: Amt to Govt: 
- Payment by Check
- Electronic Fund Transfer (EFT)

**2. TYPE OF PAYMENT**
- Other
- TDY
- Member/Employee
- PCS

**3. FOR D.O. USE ONLY**
- D.O. VOUCHER NUMBER: 805221
- SUB/VOUCHER NUMBER

**4. NAME**
- Last, First, Middle Initial (Print or type)
- SNORK, JEFF

**5. GRADE**
- SFC/E-7

**6. SSN**
- 111-10-4782

**7. ADDRESS**
- P.O. BOX 50101

**8. DAYTIME TELEPHONE NUMBER & AREA CODE**
- DSN 317-72-2111

**9. TRAVEL ORDER NUMBER**
- 67-32

**10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES**
- NONE

**11. ORGANIZATION AND STATION**
- 2ID CAMP CASY KOREA

**12. DEPENDENT(S)**
- (X and complete as applicable)

**13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS**
- Include Zip Code

**14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?**
- (X one)

**15. ITINERARY**
- For D.O. Use Only

**16. POC TRAVEL**
- (X one)

**17. DURATION OF TDY TRAVEL**
- 12 HOURS OR LESS
- MORE THAN 12 HOURS
- MORE THAN 24 HOURS

**18. REIMBURSABLE EXPENSES**
- Nature of Expense
- Amount
- Allowed

**19. GOVERNMENT/DEDUCTIBLE MEALS**
- Nature of Expense
- Amount
- Allowed

**20. CLAIMANT SIGNATURE**
- Name
- Date

**21. APPROVING OFFICER SIGNATURE**
- Name
- Date

**22. ACCOUNTING CLASSIFICATION**
- 212*2010 01-401 1442 2IP4 S99999
- $232.04

**23. COLLECTION DATA**
- ABC
- DEF
- GHI

**24. COMPUTED BY**
- ABC

**25. AUDITED BY**
- DEF

**26. TRAVEL ORDER POSTED BY**
- GHI

**27. RECEIVED**
- (Payee Signature and Date or Check No.)

**28. AMOUNT PAID**
- $232.04

---

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.

---

**Exception to SF 1012 approved by GSA/IRMS 12-91.**

---

Electronic Fund Transfer (EFT)

---

Member/Employee

---

Dependent(s)

---

PLANE TICKET

---

PAYMENT

---

REIMBURSABLE EXPENSES

---

UNACCOMPANIED

---

ACCEPTANCE

---

SUMMARY OF PAYMENT

---

Reimbursement

---

Total

---

Less Advance

---

Amount Owed

---

Amount Due

---

GOVERNMENT/DEDUCTIBLE MEALS

---

Preferred Use:

---

DOMESTIC

---

Overseas

---

TOTAL

---

SUMMARY OF EXPENSES

---

Edited by ABC

---

Received by DEF

---

Posted by GHI

---

Paid by CDET

---

ADSN 5480

---

CAMP HENRY KOREA

---

16TH FINANCE BN

---

DD FORM 1351-2, AUG 1997 (EG)

---

PREVIOUS EDITIONS OF DD FORM 1351-2 AND 1351-1 MAY BE USED UNTIL SUPPLY IS EXHAUSTED.
DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314

ORDERS 05-017

15 SEP 20**

SNORK JEFF T. 111-10-4782, SFC, 23RD MAIN SPT BN
FORT STEWART, GA 31314

DEPLOYMENT ASSIGNMENT: You will proceed on or about 20 NOV 20** to the designated Location indicted 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: IRAQ

MICHAEL C. COLT

LTC, AGC

ADJUTANT GENERAL

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

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
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

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

/S/
CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
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

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

/S/
CHARLES K. KING
MAJ, AG
ADJUTANT GENERAL

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314

ORDERS 08-121

DEREK, BO E. 999-33-8923, SPC, 23RD MED SPT BN
FORT STEWART, GA 31314

09 AUGUST 20**

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

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

/S/

CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314

CERTIFICATE

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

DIAZ, CHRISTOPER E. 999-33-8923 (Non-Crewmember)

JONES, RANDY T. 999-87-9821 (Non-Crewmember)

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

/S/
THOMAS L. TURNER
CPT, INF
AVIATION OFFICER

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314

ORDERS 10-12
02 OCTOBER 20**

BOSTIC, PAUL D. 999-22-4423, PFC, 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

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

/ S /
CHARLES K. KING
MAJ, AG
ADJUTANT GENERAL

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
ORDERS 10-12

30 APR 20**

BOSTIC, PAUL D. 999-22-4423, PFC, 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

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

/S/
CHARLES K. KING
MAJ, AG
ADJUTANT GENERAL

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
DEPARTMENT OF THE ARMY
HEADQUARTERS, 23RD ARMORED DIVISION
FORT STEWART, GEORGIA 31314

ORDERS 03-141

MAXWELL, JAMES P. 999-59-2124, SSG, 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

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

/S/
CHARLES K. KING
MAJ, AG
ADJUTANT GENERAL

*** FOR INSTRUCTIONAL PURPOSE ONLY ***
ORDERS 03-141

30 SEPTEMBER 20**

MAXWELL, JAMES P. 999-59-2124, SSG, 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

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

/S/
CHARLES K. KING
MAJ, AGC
ADJUTANT GENERAL

*** 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 OD CSpE R.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 502; Title 10, USC, Sec. 9367.

PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting personnel action on his own behalf (Section II).

ROUTINES/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 the request for personnel action.

1. THRU (Include ZIP Code)
   PAC
   1/22ND CAV SQN
   FT. STEWART, GA 31314

2. TO (Include ZIP Code)
   DAO
   FT. STEWART, GA 31314

3. FROM (Include ZIP Code)
   COMMANDER
   212 SPR BN
   FT. STEWART, GA 31314

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)
   PURDUE, CARLOS M.

5. GRADE/RANK/PMOS/ACD
   E-6/SSG

6. SOCIAL SECURITY NUMBER
   999-00-4135

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

7. The above soldier's duty status is changed from

   ________________________________

   to

   ________________________________

   effective ____________ hours ______________ 19

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action:

<table>
<thead>
<tr>
<th>TYPE OF ACTION</th>
<th>PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reassignment Married Army Couples</td>
</tr>
<tr>
<td></td>
<td>Resignation</td>
</tr>
<tr>
<td></td>
<td>Officer Candidate School</td>
</tr>
<tr>
<td></td>
<td>AVM of Fams with Exceptional Family Members</td>
</tr>
<tr>
<td></td>
<td>Identification Card</td>
</tr>
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<td></td>
<td>Identification Tags</td>
</tr>
<tr>
<td></td>
<td>Separate Rations</td>
</tr>
<tr>
<td></td>
<td>Leave - Advance Outside CONUS</td>
</tr>
<tr>
<td></td>
<td>Change of Name/SSN/DOB</td>
</tr>
<tr>
<td></td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

9. SIGNATURE OF SOLDIER (When required) /s/

10. DATE
    10 SEP **

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

DUE TO MISSION REQUIREMENTS, COMMANDER HAS AUTHORIZED MESSING SEPARATELY.

START SEPERATE RATION: 10 SEP **

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

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

   X HAS BEEN VERIFIED

   [ ] RECOMMEND APPROVAL

   [ ] RECOMMEND DISAPPROVAL

   [ ] IS APPROVED

   [ ] IS DISAPPROVED

12. COMMANDER AUTHORIZED REPRESENTATIVE
   STEVEN A. RHODES, CPT, IN, CDR

13. SIGNATURE
   /s/

14. DATE
    10 SEP **

DA FORM 4187, OCT 93

DA FORM 4187, DEC 92 MARYBEL TED
**BASIC ALLOWANCE FOR SUBSISTENCE- CERTIFICATION**

<table>
<thead>
<tr>
<th>ORGANIZATION AND STATION</th>
<th>23rd MP BN, FT STEWART, GA 31314</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPLEMENTAL FOR MONTH</td>
<td>X PRORATED FEB 20**</td>
</tr>
<tr>
<td>STATION SYMBOL</td>
<td></td>
</tr>
<tr>
<td>MPO NUMBER</td>
<td>6348</td>
</tr>
<tr>
<td>DATE</td>
<td>2 MAR 20**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME, SOCIAL SECURITY NUMBER, RANK</th>
<th>DAYS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>BONE, SHARON E. 999-00-1212</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>X</td>
<td>X</td>
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<td>S</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL:**
- B: 3
- D: 5
- S: 3

I CERTIFY THAT PURSUANT TO CHAPTER 1, PART THREE, DEPARTMENT OF DEFENSE MILITARY PAY AND ALLOWANCES ENTITLEMENTS MANUAL, THE MEMBERS LISTED ABOVE ARE ENTITLED TO THE PAYMENT OF SUPPLEMENTAL AND OR PRORATED SUBSISTENCE ALLOWANCE FOR MEALS ON DATES INDICATED.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPED NAME &amp; RANK OF APPROVING AUTHORITY</th>
<th>SIGNATURE OF APPROVING AUTHORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 MAR 20**</td>
<td>MICHAEL D. FLANAGAN, CPT, MP</td>
<td>/S/</td>
</tr>
</tbody>
</table>

DD FORM 1475

AAA4C103.1313.0906.DTA
### BASIC ALLOWANCE FOR SUBSISTENCE - CERTIFICATION

**ORGANIZATION AND STATION**

23rd MP BN, FT STEWART, GA 31314

**DATE**

2 FEB 20**

**DATE TYPED NAME & RANK OF APPROVING AUTHORITY**

MICHAEL D. FLANAGAN, CPT, MP

**SIGNATURE OF APPROVING AUTHORITY**

/S/

---

<table>
<thead>
<tr>
<th>MEAL</th>
<th>DAYS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

I CERTIFY THAT PURSUANT TO CHAPTER 1, PART THREE, DEPARTMENT OF DEFENSE MILITARY PAY AND ALLOWANCES ENTITLEMENTS MANUAL, THE MEMBERS LISTED ABOVE ARE ENTITLED TO THE PAYMENT OF SUPPLEMENTAL AND OR PRORATED SUBSISTENCE ALLOWANCE FOR MEALS ON DATES INDICATED.

**DD FORM 1475**
**PRIVACY ACT STATEMENT**

**AUTHORITY:**
37 USC 403; Public Law 96-343, 102 Stat. 3967.

**PRINCIPAL PURPOSE:**
To adjust member's military pay record, information may be disclosed to Army components, such as DOD, major commands, and other Army installations; to other DOD components, other federal agencies such as IRS, Social Security Administration, VA, SMO members of Congress, State and local government; IRS, State hospitals, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.

Disclosure may result in management of BAG or VA. 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.

**ROUTINE USE:**
To adjust member's military pay record, information may be disclosed to Army components, such as DOD, major commands, and other Army installations; to other DOD components, other federal agencies such as IRS, Social Security Administration, VA, SMO members of Congress, State and local government; IRS, State hospitals, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.

Disclosure may result in management of BAG or VA. 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.
MARRIAGE CERTIFICATE
STATE OF GEORGIA
COUNTY OF COBB

GROOM: PETE ROSE
BRIDE: ALICIA H. 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 PURPOSES ONLY

19
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.
   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:

/S/
FLORENCE E LEGGETT
C: FAM HSG MGT BR

DISTRIBUTION:
INDIVIDUAL 05
TRANSPORTATION 05
FINANCE OFFICE 02
UNIT 01
FILE COPY 01

** FOR INSTRUCTIONAL PURPOSE ONLY **
TO: SEE DISTRIBUTION                FROM: HOUSING OFFICE                DATE: 22 OCT 20**
FT STEWART GA

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 DRUM DR.
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:

/S/
FLORENCE E LEGGETT
C: FAM HSG MGT BR

DISTRIBUTION:
INDIVIDUAL 05
TRANSPORTATION 05
FINANCE OFFICE 02
UNIT 01
FILE COPY 01

** FOR INSTRUCTIONAL PURPOSE ONLY **
**Statement to Substantiate Payment of Family Separation Allowance**

**Data Required by the Privacy Act of 1974**

**Authority:** Title 57, U.S. Code, Section 427.
**Principal Purpose:** To evaluate member's application for Family Separation Allowances.
**Routine Uses:**
- Serves as substantiating application for FSA payments.
- Provides an audit trail for validating propriety of payments and to assist in collection erroneous payments.
- Maintains member personnel record.
- Provides information for preparation of required input to the automated pay system which maintains pay account records for Army members.

**Disclosure:** Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, member may not be considered for FSA.

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**PART I - TO BE COMPLETED BY THE MEMBER**

<table>
<thead>
<tr>
<th>NAME OF MEMBER</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAMS, RONNIE</td>
<td>666-55-4433</td>
<td>SGT</td>
</tr>
</tbody>
</table>

**Organization/Activity:** HHC TSB
**Permanent Duty Station of Member:** 10TH SFG MT PAG, ITALY

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**Type I - FSA - 1**

- The above member departed (was detached) from FT STEWART, GA on 10 AUG **
- and he reported to 10TH SFG MT PAG, ITALY on 31 AUG **
- Transportation of his dependents is not authorized at government expense to this station or to a place near this station.

**Type II - FSA - T**

- The above member has been ordered to and has performed temporary duty at the location(s) shown below for a continuous period of more than 30 days.

**Temporary Duty Station(s):**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>INCLUSIVE DATES (From/to)</th>
<th>NO. DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Continue on reverse if necessary.

**Type II - FSA - R**

- Member was on duty on board ship upon departure from home port on 10 AUG **
- Member did not depart with ship but reported on board (or rejoined) the ship at 10TH SFG MT PAG, ITALY on 31 AUG **

**Location of Home Port:**

**Travel performed under authority of Order #**

**Member claiming Type II FSA, is receiving basic allowance for quarters as a member with dependents.

**Signature of Certifying Officer:**

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**PART II - TO BE COMPLETED BY CERTIFYING OFFICER**

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Certifying Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 SEP **</td>
<td>Ronnie Williams</td>
</tr>
</tbody>
</table>

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**Statement to Substantiate Payment of Family Separation Allowance**

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**Previous Edition is Obsolete**

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**DD Form 1561, APR 77 (EG)**

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**Signature of Certifying Officer:**

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**DD Form 1561, APR 77 (EG)**

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**Previous Edition is Obsolete**

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**Signature of Certifying Officer:**

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**Statement to Substantiate Payment of Family Separation Allowance**

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**Previous Edition is Obsolete**

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**Signature of Certifying Officer:**
MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Authorization for Staff Sergeants (SSG) to Receive Basic Allowance for Housing (BAH) and Reside Off Post in the 50 United States

1. Effective immediately, the Secretary of the Army has approved a change to the Army’s mandatory assignment policy in the United States for single Soldiers in the grade of Staff Sergeant (E6):
   a. Single Soldier’s at the rank of SSG and above stationed in the United States are authorized to move off post and receive BAH at the without dependent rate.
   b. Single SSGs may compete for installation Senior Enlisted Bachelor Quarters previously identified for single Sergeant First Class (SFC) and above where assets exist on the installation.
   c. Applicable personnel, housing, finance and installation regulations will be revised accordingly.
   d. Adequate BAH, Basic Allowance for Subsistence (BAS), household goods movements, and dislocation allowances will be programmed in the Program Objective Memorandum for Single Staff Sergeant troop strength.

2. Exceptions to this policy are stated below:
   a. Staff Sergeants may elect to remain in enlisted barracks for the duration of their current tour. Upon reassignment to a new duty station in the United States, SSG’s will receive BAH at the without dependent rate and be required to reside off post at the new duty station.
   b. Key and Essential personnel required to live on post will be determined by the local command.

3. Setting up household costs and household goods movement reimbursements:
   a. Soldiers who currently reside in government quarters and elect to move off post at the current duty station will incur household goods movement at their own expense. A government paid move or reimbursement is not authorized.

b. If required to vacate government quarters at the directive of the Government (e.g., because of repairs or renovations of enlisted barracks, troop surges, etc.), Soldiers in the rank of SSG will remain off post for the duration of their tour and costs for moves directed at the convenience of the Government will be borne by the Government.

4. All affected Soldiers will plan accordingly and unit counseling should occur prior to moving off post or permanent change of station. Soldiers will process through their local Community Housing Relocation and Referral Services (CHRRS) office to locate suitable off post rentals or for home purchases, and the local finance and accounting support office for assistance.

5. The point of contact for this action is Mr. George Lloyd at (703) 601-2511 or email george.lloyd@hqda.army.mil.

GEORGE Y. MILLER
Major General, GS
Assistant Chief of Staff
for Installation Management