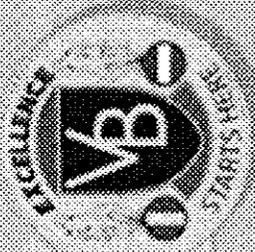


# US Army Student Detachment



Fort Jackson, South Carolina

**WELCOME TO U.S. ARMY STUDENT DETACHMENT**

**THIS IS YOUR IN-PROCESSING PACKET**

**PLEASE SEND IN YOUR COMPLETED PACKET TO THE ADDRESS BELOW:**

**COMMANDER, USASD  
3330 MAGRUDER AVE  
FORT JACKSON, SC 29207**

**IF YOU NEED ANY ASSISTANCE FILLING OUT YOUR IN-PROCESSING PACKET, PLEASE CALL 1-800-856-3801; FOR PERSONNEL QUESTIONS, EXT (2), FOR FINANCE QUESTIONS, EXT (6) OR VISIT OUR WEB SITE: [www.jackson.army.mil/usasd](http://www.jackson.army.mil/usasd)**

PLEASE FILL OUT THE WELCOME PACKET REQUEST  
WORKSHEET, PART A, AND MAIL THE FORM DIRECTLY  
TO THE US ARMY STUDENT DETACHMENT AT

COMMANDER  
USASD ATTN: INPROCESSING  
3330 MAGRUDER AVE  
FT JACKSON, SC 29207

WE WILL USE THIS FORM TO UPDATE OUR COMPUTER  
SYSTEMS AND CREATE A PENDING GAIN FILE FOR YOU.  
WE NEED TO HAVE THIS FORM PRIOR TO YOU SENDING  
YOUR INPROCESSING PACKET.

**COMPLETION OF THIS FORM IS ESSENTIAL TO  
ACCURATELY INPROCESS YOU INTO USASD.**

**WELCOME PACKET REQUEST WORKSHEET  
U. S. ARMY STUDENT DETACHMENT  
FORT JACKSON, SOUTH CAROLINA 29207**

Date Req. Taken \_\_\_\_\_  
Req Taken By \_\_\_\_\_  
Date Packet Mailed: \_\_\_\_\_

**PRIVACY ACT STATEMENT: AUTHORITY: Title 10 USC 3012(G). PRINCIPAL PURPOSE:**  
To collect information required to complete in-processing of personnel to USASD. **ROUTINE USE:**  
Used by the In-Processing Clerk to ensure that correct information is being obtained. **DISCLOSURE:**  
Providing information on this form is voluntary. Failure to provide information will result in individual not  
being processed in a timely manner.

PART A

Last Name, First Name, MI \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Rank \_\_\_\_\_ Race \_\_\_\_\_ Gender: M / F Branch \_\_\_\_\_ MOS \_\_\_\_\_ Commission: RA/USAR

Home Phone: \_\_\_\_\_ Duty Phone: \_\_\_\_\_ Dependents \_\_\_\_\_ Aviator: Y / N

Foreign Language Pay: Y / N Functional Area: \_\_\_\_\_

School/Training Agency attending: \_\_\_\_\_

Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Major Course of study: \_\_\_\_\_ Period of Study \_\_\_\_\_

Report Date: \_\_\_\_\_ Not earlier than report date \_\_\_\_\_

Program:

Fully Funded ( ) Degree Completion ( ) TWI ( ) Fellowship ( ) Other ( )

PART B

**NOTICE TO STUDENTS**

**FULLY-FUNDED:** You are required to mail a DA Form 2125 and a copy of your grades directly to CDR, PERSCOM, ATTN: TAPC-OPB-D, 200 Stovall Street, Alexandria, VA 22332 as soon as each quarter ends.

**DEGREE COMPLETION:** You are required to mail a DA Form 2125 to your appropriate Branch after each quarter ends.

**REFER TO YOUR STUDENT HANDBOOK FOR FURTHER INFORMATION IN ALL AREAS OF CONCERN.**

Your Student Liaison Officer (SL0) at \_\_\_\_\_ is \_\_\_\_\_

His/Her Phone number is \_\_\_\_\_



**WELCOME TO UNITED STATES  
ARMY STUDENT DETACHMENT  
FINANCE SECTION**

**\$\$\$\$\$\$**

The enclosed forms and military finance information will assist you in the inprocessing phase of your assignment to the Student Detachment. It is recommended that you thoroughly review completed documents prior to submission to the Detachment.

Finance inprocessing will consist of submission of permanent change of station travel settlement documents, basic allowance for housing recertification, temporary lodging expense settlements, etc.

Welcome to the Student Detachment.

**“RESPONSIVE TO YOUR NEEDS,  
SOLDIERS FIRST”**



**DEPARTMENT OF THE ARMY**  
UNITED STATES ARMY STUDENT DETACHMENT  
VICTORY BRIGADE  
3330 MAGRUDER AVENUE  
FORT JACKSON, SOUTH CAROLINA 29207

REPLY TO  
ATTENTION OF

**ATZJ-VB-SD**

**COMPLETED DOCUMENTS REQUIRED FOR FINANCE INPROCESSING  
USA STUDENT DETACHMENT FORT JACKSON SC 29207**

**Conus to Conus/Oconus Movement**

**DD 1351-2 (travel voucher for member/dependent(s) travel; if TDY enroute to permanent station, separate travel voucher is required for dependent(s) travel)**

**DA 31 (PCS leave form created by losing permanent station; FROM/TO dates must encompass total intransit days, to include TDY period)**

**Copy of travel/dislocation allowance**

**Receipts for travel (tolls, tips, cab fare, etc) expenses in excess of \$74.99**

**Itemized lodging receipts for official TDY**

**DA 5960 (basic allowance for housing recertification)**

**Memorandum for assignment/termination of housing, if applicable**

**DA 4187 (request for stateside COLA; applicable duty locations)**

**Temporary Lodging Worksheet, if applicable (itemized lodging receipts, credit card receipts not acceptable)**

**Additional documents for overseas permanent station**

**DD 2367 (application for overseas housing)**

**DD 2556 (request for renters/security moving-in-housing-allowance (MIHA), if applicable)**

**Rental/Lease agreement (English translation)**

**Memorandum of Authorization for temporary lodging allowances (TLA), if applicable, to include itemized lodging receipts**

No Cost Moves

DA 5960

DA 31

Permanent moves that are in close proximity of losing permanent station and of no expense to the government

**ALL FINANCE INPROCESSING PACKETS REQUIRE NO LESS THAN 5  
COPIES OF PCS ORDERS, TO INCLUDE AMENDMENTS**



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
UNITED STATES ARMY STUDENT DETACHMENT  
VICTORY BRIGADE  
3330 MAGRUDER AVENUE  
FORT JACKSON, SOUTH CAROLINA 29207

ATZJ-VB-SB

**FINANCE DOCUMENTS REQUIRED FOR COMPLETE  
INPROCESSING**

1. ALL DOCUMENTS REQUIRED FOR INPROCESSING MUST BE RECEIVED AS A CONSOLIDATED PACKET.
2. PROCESSING OF BASIC ALLOWANCE FOR HOUSING AND TRAVEL SETTLEMENTS, TO INCLUDE TDY ENROUTE, WILL NOT BE INITIATED UNTIL ALL REQUIRED DOCUMENTS ARE SUBMITTED THRU THE FINANCE SECTION OF STUDENT DETACHMENT.
3. POINTS OF CONTACT:

SPC RUDOLFO MORENO, FINANCE TECH – (803) 751-6542  
[morenor@jackson.army.mil](mailto:morenor@jackson.army.mil)

MRS. ANITA McKEE, FINANCE TECH– (803) 751-5564  
[mckeea@jackson.army.mil](mailto:mckeea@jackson.army.mil)

SGT ANTHONY BEST, NCOIC, FINANCE (803) 751-7689  
[Anthony.Best@jackson.army.mil](mailto:Anthony.Best@jackson.army.mil)

MS. BRENDA SINGLETON, SUPV, FINANCE (803) 751-5540  
[singletonb@jackson.army.mil](mailto:singletonb@jackson.army.mil)

**STUDENT DETACHMENT: TOLL-FREE - 800-856-3801**

**STUDENT DETACHMENT:**

**<http://www.jackson.army.mil/tccbde/Student%20Detachment/Default.htm>**

**FORT JACKSON DEFENSE MILITARY PAY OFFICE:**

**<http://www.jackson.army.mil/finance/index.htm>**

## EXPLANATION OF FINANCE FORMS

### DD 1351-2 Travel Voucher

Travel vouchers must be submitted upon completion of PCS movement and assignment to new permanent duty station. Dependents travel may be inclusive on travel voucher if travel was simultaneous with member.

Dislocation allowance (DLA) is paid automatically when dependents travel with member to gaining permanent station.

Single soldiers and/or soldiers without dependents must request dislocation payment in a written statement on travel voucher ("Request DLA w/o dependent in my own right. Not residing in military housing").

Members with temporary duty (TDY) enroute to permanent station MUST submit separate travel vouchers for dependents upon assignment to permanent station.

### DD 2560 Advance Pay

Application for request of one-month advance pay is based upon soldier's current base pay. If approved, actual deposit amount is equivalent to base pay minus deductions and applicable taxes.

Single soldiers and/or soldiers without dependents MUST submit written justification as to why an advance pay may be required for PCS incurred expenses. Request for an extended repayment schedule beyond 12 months must be supported with a breakdown of monthly expenses indicating normal schedule payments would cause member undue financial hardship.

### DA 5960 Basic Allowance for Housing

ALL soldiers must submit a completed application of recertification upon permanent assignment to gaining station.

A completed application is also required when changes occur in dependency status, i.e., marriage, divorce, child support and assignment/termination of military housing.

### DA 4187 Request for Conus Cola (Cost of Living Allowance)

High cost living areas are authorized an additional cost of living allowance. Localities authorized the allowance are determined by the PERDIEM Advisory Committee, Washington DC.

### TEMPORARY LODGING EXPENSE WORKSHEET (TLE)

Required to support lodging receipts for payment of temporary expenses when a PCS occurs. Conus to conus movements are authorized a maximum of 10day lodging expenses. Conus to overseas movement are authorized a maximum of 5 days.



## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

**ROUTINE USE(S):** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

**DISCLOSURE:** Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

## PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

## INSTRUCTIONS

### ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your pre-designated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your pre-designated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

### REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

### ITEM 15 - ITINERARY - SYMBOLS

#### 15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (FOC)	- P	Vessel	- V

#### 15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

#### ITEM 15e. LODGING COST

Enter the total cost for lodging.

#### ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

### 29. REMARKS

INDICATE DATES ON WHICH LEAVE WAS TAKEN:



**DEPARTMENT OF THE ARMY**  
UNITED STATES ARMY STUDENT DETACHMENT  
VICTORY BRIGADE  
3330 MAGRUDER AVENUE  
FORT JACKSON, SOUTH CAROLINA 29207

REPLY TO  
ATTENTION OF

**ATZJ-VB-SD**

**Subject: Advance Pay**

**Re: AR 37-104**

**Request for Advance Pay**

All soldiers requesting an advance of basic pay for a PCS move must prepare DD Form 2560 (Advance Pay Certification/Authorization). The completed DD Form 2560, with a copy of PCS orders attached, will be forwarded thru the unit commander for approval and onward to the servicing DMPO for final disposition.

**JUSTIFICATION**

Written justification is required when any soldier requests (1) a second one-month pay advance, (2) a pay advance of more than one month basic pay less deductions, (3) repayment schedule of more than twelve months (4) payment of advance pay earlier than 30 days prior to PCS departure, (5) or payment of advance pay later than 60 days after arrival to new permanent duty station.

Justification must include itemized expenses incurred, extenuating circumstances, or severe hardship that would be considered exceptions to normal circumstances.

An advance pay is NOT intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from service member's PCS orders.

**SOLDIERS WITHOUT DEPENDENTS**

Payment of an advance pay to soldiers without dependents is authorized, however, in most instances, such soldiers cannot qualify for an advance pay. A soldier without dependent may request an advance pay showing written justification that extenuating circumstances exist.

If the evidence furnished is not questionable and all other requirements are met, an advance pay may be authorized.

# ADVANCE PAY CERTIFICATION / AUTHORIZATION

## Privacy Act Statement

**AUTHORITY:** 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN).

**PRINCIPAL PURPOSES:** To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules.

**ROUTINE USES:** Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients of JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes.

**DISCLOSURE:** Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.

### PART I. REQUEST

<b>1. NAME</b> (Last, First, Middle Initial)		<b>2. SOCIAL SECURITY NO.</b>	<b>3. GRADE</b>
<b>4. I REQUEST:</b>	<b>5. I REQUEST A REPAYMENT SCHEDULE OF:</b>	<b>6. I REQUEST PAYMENT OF THE ADVANCE PAY:</b>	
a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse.)	a. 12 MONTHS OR LESS (Specify number of months)	a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS	
b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (Parts II and V must be completed.) (Specify amount) \$	b. 13 - 24 MONTHS (Parts III and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)	b. 31-90 DAYS BEFORE MY PCS (Parts II and V must be completed.)	
		c. 61-180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed.)	

### PART II. CERTIFICATION OF EXPENSES (Actual or Anticipated) (Continue in Item 23 on reverse if necessary.)

7. EXPENSE	8. AMOUNT	10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER-THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY (Up to 90 days before and 180 days after).
a.	\$	
b.	\$	
c.	\$	
d.	\$	
e.	\$	
f.	\$	
<b>9. TOTAL</b>	\$	

### PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK

(Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months)

<b>11. NO. OF DEPENDENTS</b>	<b>12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD (Continue in Item 23 on reverse if necessary.)</b>

### PART IV. MEMBER CERTIFICATION

**Penalty:** The penalty for willfully making a false claim/statement is a maximum of \$10,000 or maximum imprisonment of five years, or both (U.S. Code, Title 18, Section 287).

If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me.

I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification.

<b>13. SIGNATURE</b>	<b>14. DATE (YYMMDD)</b>

### PART V. APPROVAL OF MEMBER'S COMMANDER

<b>15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF:</b>	<b>16. WITH LIQUIDATION OVER:</b>	<b>17. AND PAYMENT OF THE ADVANCE:</b>
a. ONE MONTH BASIC PAY LESS DEDUCTIONS	a. 12 MONTHS OR LESS (Specify number of months)	a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING AT PDS
b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (Specify amount) \$	b. 13 - 24 MONTHS (Specify number of months)	b. NOT PRIOR TO _____ (date) WHICH IS 31-90 DAYS BEFORE PCS
		c. 61-180 DAYS AFTER REPORTING TO NEW PDS
<b>18. APPROVING OFFICIAL NAME</b> (Last, First, Middle Initial)	<b>19. SIGNATURE OF OFFICIAL</b>	
<b>20. TITLE</b>	<b>21. GRADE</b>	<b>22. DATE (YYMMDD)</b>

POLICY GUIDANCE

The purpose of an advance of pay incident to PCS is to provide a Servicemember with funds to meet the extraordinary expenses of a Government-ordered relocation, per DODPM Part 4.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The Servicemember may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside the scope of those entitlements:

- a. Overseas station housing allowance;
- b. Servicemember and/or dependent travel allowances and per diem;
- c. Dislocation allowance;
- d. Basic allowance for quarters and/or variable housing allowance.

An advance of pay for a PCS move in the same geographic area of a Servicemember's prior duty station, or place from which ordered to active duty, is only authorized when the Servicemember moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance is not intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the Servicemember's PCS orders. Except under extraordinary conditions, an advance pay must be repaid before an advance for a subsequent PCS may be paid.

Servicemembers should consult appropriate Service regulations concerning grade levels requiring Commander's approval of a PCS advance that does not exceed 1 month's pay.

**AIR FORCE MEMBERS ONLY:** E4/SRA and below must have Commander's approval for all PCS advance pay payments.

<b>AUTHORIZATION TO START, STOP, OR CHANGE            BASIC ALLOWANCE FOR QUARTERS (BAQ),            AND/OR VARIABLE HOUSING ALLOWANCE (VHA)</b> For use of this form, see 37-104-3; the proponent agency is ASA (FM)				<b>PRIVACY ACT STATEMENT</b>															
<b>1. NAME (Last, First, MI)</b>				<b>AUTHORITY:</b> 37 USC 403; Public Law 96-343; EO 9397.															
<b>2. SOCIAL SECURITY NUMBER</b>		<b>3. GRADE</b>		<b>PRINCIPLE PURPOSE:</b> To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).															
<b>4. TYPE OF ACTION</b>				<b>ROUTINE USE:</b> 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.															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">START</td> <td style="width:25%; text-align: center;">CANCEL</td> <td style="width:25%; text-align: center;">CHANGE</td> <td style="width:25%; text-align: center;">REPORT</td> </tr> <tr> <td style="text-align: center;">CORRECT</td> <td style="text-align: center;">STOP</td> <td colspan="2" style="text-align: center;">RECERTIFICATION</td> </tr> </table>		START	CANCEL	CHANGE	REPORT	CORRECT	STOP	RECERTIFICATION		<b>5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)</b>		<b>6. DATE/ACTION (YYMMDD)</b>		<b>7. BAQ TYPE</b>					
START	CANCEL	CHANGE	REPORT																
CORRECT	STOP	RECERTIFICATION																	
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WITH DEPENDENTS	PARTIAL																		
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<b>g. TRANSIENT (see block (3))</b>	<b>h. NOT AVAILABLE</b>																		
<b>(1) Spouse/Former Spouse SSN</b>		<b>(2) Spouse/Former Spouse Duty Station</b>		<b>(3) Date of Marriage, Divorce/Separation</b>		<b>(1) QUARTERS NO.</b>		<b>(2) FAIR RENTAL VALUE \$</b>											
<b>(4) Child in Custody of:</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">Member</td> <td style="width:25%; text-align: center;">Spouse</td> <td style="width:25%; text-align: center;">Former Spouse</td> <td style="width:25%; text-align: center;">Other</td> </tr> </table>		Member	Spouse	Former Spouse	Other	<b>(3) FROM: TO:</b>		<b>(4)</b> <input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above) <input type="checkbox"/> COMMANDER DETERMINATION (Attached)									
Member	Spouse	Former Spouse	Other																
<b>(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.</b>																			
<b>(6) If child support received from another military member, complete (1), (2) &amp; (3).</b>																			
<b>10. DEPENDENTS/SHARERS (Continue on back if required)</b>																			
<b>NAME OF DEPENDENT/SHARER</b>			<b>COMPLETE CURRENT ADDRESS (Include ZIP Code)</b>				<b>RELATIONSHIP</b>		<b>DOB OF CHILDREN</b>										
<b>11. CERTIFICATION OF DEPENDENT SUPPORT</b>																			
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																			
<b>12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON</b>																			
<b>My permanent duty station:</b>			<b>My dependent's location:</b>			<b>Both my permanent duty station and dependent's location.</b>													
<b>a. Monthly Expenses:</b>		<b>Member</b>		<b>Dependent</b>		<b>b. Sharer/Lease Information</b>		<b>c. Address Information</b>											
<b>(1) Mortgage (PITI) or Rent</b>						<b>(1) Rental/Residential Address:</b>		<b>(1) Landlord's Name and Address:</b>											
<b>(2) Insurance</b>						<b>(2) Effective Date:</b>		<b>(3) Expiration Date:</b>											
<b>(3) Other</b>						<b>(2) Landlord's Phone No.</b>													
<b>TOTALS</b>						<b>(4) Number of Sharers (show name(s) and address in block 10.)</b>													
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.																			
<b>IMPORTANT:</b> 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.																			
<b>13. MEMBER'S SIGNATURE</b>				<b>14. DATE</b>		<b>15. CERTIFYING OFFICER'S SIGNATURE</b>			<b>16. DATE</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) COMMANDER DMPO ATTN: PROCESSING FORT JACKSON SC 29207	3. FROM (Include ZIP Code) COMMANDER USA STUDENT DETACHMENT ATTN: FINANCE SECTION FORT JACKSON SC 29207
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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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	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) CONUS COLA
Airborne Training	Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

EFFECTIVE DATE: \_\_\_\_\_

BAH TYPE: WITH DEPN/WITHOUT DEPN

ZIP CODE OF PERM DUTY STATION: \_\_\_\_\_

YEARS OF MILITARY SERVICE: \_\_\_\_\_

**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	13. SIGNATURE	14. DATE (YYYYMMDD)
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# Claim for Temporary Lodging Expense

This form is required by the Internal Revenue Service, Department of the Treasury, Internal Revenue Service, to determine the amount payable for Temporary Lodging Expense. See instructions on the back of this form. Do not check any box unless you are required to do so.

<b>Rank</b>	<b>Name (last name first)</b>	<b>SSN</b>	<b>Home Phone</b>
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<b>Mailing Address: Number &amp; Street</b>	<b>City/State</b>	<b>Zip Code</b>
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<b>Current Unit Assignment: USA Student Detachment Ft. Jackson SC w/dy:</b>	<b>Unit Phone</b> 800-856-3801
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<b>Marital Status (circle one):</b> Single    Divorce    Married	<b>If Military, Spouse's SSN:</b>	<b>Spouse's Current Duty Station</b>
<b>Dual Military</b>		

<b>Did you stay in off post lodging: Yes or No</b>	<b>(without a SNA# from housing you are authorized reimbursement for the on-post rate)</b>
<b>Statement of non-availability #</b>	

### LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:

Name	Relationship	Date of Marriage / Birth

<b>Date HHG Picked Up</b>	<b>Did you do a DITY move? Yes or No</b>
<b>Date HHG Delivered</b>	<b>If Yes, what date?</b>

### LODGING INFORMATION

**ORIGINAL ITEMIZED LODGING RECEIPTS AND COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.**

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

D A Y	Date	Daily Lodging Costs	Location of Lodging (City & State)	Cooking Facilities (circle one)	# Persons Claimed		To be completed by Finance Personnel	
					SM	DEP	BAH	BAS
1				Y or N				
2				Y or N				
3				Y or N				
4				Y or N				
5				Y or N				
6				Y or N				
7				Y or N				
8				Y or N				
9				Y or N				
10				Y or N				

<b>Date terminated quarters losing station (if applicable):</b>
<b>Date assigned quarters gaining station (if applicable):</b>
<b>Departure date from old duty station:</b>
<b>Arrival date at new duty station:</b>

<b>SIGNATURE OF SERVICE MEMBER:</b>	<b>DATE: / /</b>
-------------------------------------	------------------

<b>This payment will be made electronically to your current direct deposit account.</b>		
<b>Signature of Finance Clerk</b>	<b>Date:</b>	<b>Time:</b>

**From: Transportation Office**  
**5450 Strom Thurmond Blvd**  
**Rm 102**  
**Ft Jackson SC 29207**

**02-MAR-04**

**To : Student Detachment**  
**Finance**  
**Ft Jackson SC 29207**

**Subject: Transportation Documents**

The following documents are required for submission of DITY Incentives, Storage, Claims, and/or Postal Reimbursements:

**DITY INCENTIVE:**

***\*\* DITY MOVE AUTHORIZATION IS GRANTED BY THE LOSING PERMANENT DUTY STATION\*\****

- a. DD 2278 (DITY Application)
- b. DD 1351-2 (Travel Voucher)
- c. Expense Sheet (DITY Checklist/Expenses)
- d. PCS Orders
- e. Certified Weight Tickets (Empty and Full) Originals
- f. Advance Voucher (if applicable)
- g. Receipts for all DITY Move expenses. (Originals)

**STORAGE CLAIM:**

- a. DD 1351-2 (Travel Voucher)
- b. Storage Facility Contract
- c. Receipts connected with Storage and Transportation of property.
- d. PCS Orders

**POSTAL REIMBURSEMENT:**

- a. Memorandum of authorization for shipping from the losing overseas duty station.
- b. DD 1351-2 (Travel Voucher)
- c. Postage Receipts
- d. PCS Orders



DEPARTMENT OF THE ARMY  
 HEADQUARTERS, UNITED STATES ARMY STUDENT DETACHMENT  
 STROM THURMOND SOLDIERS SERVICE CENTER  
 FORT JACKSON, SOUTH CAROLINA 29207

REPLY TO  
 ATTENTION OF:

ATZJ-VB-SD

CERTIFICATION OF EXPENSES

NAME \_\_\_\_\_

SSN# \_\_\_\_\_

NOTE: Expenses claimable are payments to rental companies for rental vehicles, packing materials, moving equipment such as a hand truck and furniture pads, gas, oil, tolls and weighing expenses. Expenses NOT claimable include, but are not limited to – tow dollies, tow bars, auto transporters, insurance, sales tax, meals and lodging.

KEEP ALL RECEIPTS FOR AUDIT PURPOSES

Rental Vehicle Expense	\$ _____
Gas, Tolls, & Weighing Fees	_____
Moving Equipment	_____
Other Expenses:	_____
_____	_____
_____	_____
Total Moving Expenses Claimed	\$ _____

I certify above amounts have been incurred as expenses on my DITY move.

From losing station: \_\_\_\_\_  
 To gaining station: \_\_\_\_\_  
 (city & state)

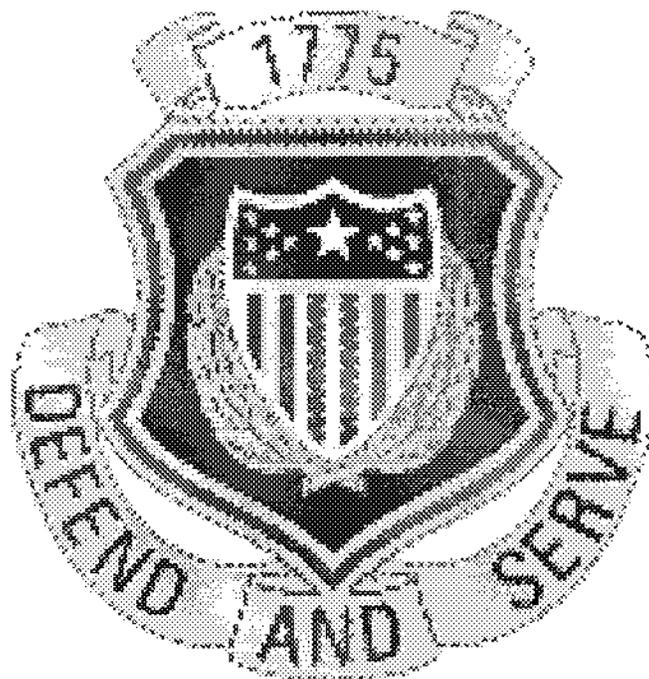
PRIVACY ACT STATEMENT

**Authority:** 5 U.S.C. 5701-5742, 37 U.S. 404-427, and E.O. 9297 **Principle purpose:** Used for reviewing, approving, accounting and disbursing for official travel; SSN# is used to maintain a numerical identification system for individual claims and to report income to Internal Revenue Service. **Routine uses:** To substantiate claims for incentive payments for movement of household goods. **Disclosure:** Voluntary failure to furnish information requested may result in partial or total denial of claims and/or improper tax application. **Note:** Expenses certified on this statement reduce taxable income reported on W2 Form and MAY NOT be claimed again as moving expenses. **TAX WITHHOLDING WILL BE 28% OF PROFIT** (entitlement minus expenses).

I understand the penalty for willfully making a false statement of claim is a maximum fine of \$10,000.00, maximum imprisonment of five years, or both (U.S.C., Title 18, Section 287).

Signature \_\_\_\_\_

Date \_\_\_\_\_



*You have reached the Personnel Section of your In-Processing Packet.*

Enclosed are AG 715 (Personal Data Worksheet), DD 93 (Emergency Data Card Form), SGLI-8286 (SM Group Life Insurance Form), Gov't Visa Charge Card Transfer Worksheet, and a few Optional Forms/Information Sheets; DA 31 (Request for Leave Form), Student Inquiry, and etc. The following POCs for this section of your In-Processing are:

The following POCs can be reach @ 1-800-856-3801, EXT follows:

Mr. Kincaid – SLO Coordinator, Officer Promotions, SIDPERS, Security Clearance, EXT (2)  
Mrs. Scott-Blue - Government Travel Card Transfer (APC), EXT (7)  
SGT Harrison, Personnel Section NCOIC, EXT (1)  
Officer Records Section, DSN: 734-5583 or Com: 803-751-5583

***“RESPONSIVE TO YOUR NEEDS, SOLDIERS FIRST”!***

## ***EXPLANATION FOR PERSONNEL IN-PROCESSING FORMS/SHEETS***

### ***THE FOLLOWING FORMS MUST BE FILLED OUT COMPLETELY AND RETURN***

#### **AG 715 (PERSONAL DATA SHEET)**

**Please read this form and fill out the form to the best of your ability. In the near future, if you have any updated changes to your personal data, please call or e-mail the Personnel Section with your updated data.**

#### **DD 93 (Emergency Data Card Form)**

**This form must be filled out and return to the Detachment. Please type or print legibly. Detail instructions and a blank DD 93 are enclosed.**

#### **SGLV-8286 (SM Group Life Insurance Form)**

**It's imperative that this form is filled out and return to the Detachment. This must be updated every reassignment. Detail instructions and a blank SGLV-8286 enclosed.**

#### **IMPORTANT NOTICE TO ALL GOVERNMENT TRAVEL CARD HOLDERS AND GOVERNMENT TRAVEL CARD TRANSFER FORM**

**Please read the notice and fill out the Government Travel Card Transfer Form. If you have any question about the Government Travel Card, please contact Mrs. Scott-Blue (APC) @ 1-800-856-3801 ext (7).**

### ***OPTIONAL FORMS AND INFORMATION SHEETS***

#### **U.S. ARMY STUDENT DETACHMENT (USASD) LEAVE/PASS POLICY**

**Please read the USASD Leave/Pass Policy. Enclose is a blank DA 31. If you plan to take any ordinary leave while you're with the Detachment, please fill out Part I of the DA 31. Please fill out blocks 1-11. POC for ordinary, permissive TDY (PTDY) leave, and etc. is Mr. Fayard @ ext (5).**

#### **FOR YOUR INFORMATION SHEET**

**This form is enclosed for your information (FYI). Just need to know facts.**

#### **USASD TELEPHONE LISTING AND USASD PERSONNEL E-MAIL ADDRESSES**

**This is the USASD contact list. Please use this sheet to contact the USASD Personnel for any assistance you may need.**

#### **STUDENT INQUIRY**

**Please use this form to submit any inquires that you may have. Thank you for your patience. We're looking forward to serving you.**

**PROCESSING INFORMATION  
UNITED STATES ARMY STUDENT DETACHMENT  
FORT JACKSON SC 29207**

**PRIVACY ACT INFORMATION:** In compliance with the Privacy Act of 1974 and by authority of Title 10, USC Section 3012, the following information is obtained to process active duty military personnel permanently assigned to the USA Student Detachment Fort Jackson SC. Submission of requested information is completely voluntary. Failure to provide required documents and data may result in involuntary HELD PAY status of member's military pay account.

**TO BE COMPLETED BY ACTIVE DUTY SERVICEMEMBER**

I have read and understand the Privacy Act Statement. The following information has been submitted in connection with my permanent assignment to the US Army Student Detachment, Fort Jackson SC.

- 1) Date departed previous permanent station \_\_\_\_\_
- 2) Date of sign in to current station \_\_\_\_\_

**NOTE: NO EARLIER THAN (NET) reporting date indicates that sign in will NOT be earlier that date stipulated on PCS orders.**  
When a NET date is NOT indicated, sign in may be up to 10 days prior to the first day of classes or last day of registration, whichever is earlier.

Current Mailing Address \_\_\_\_\_

Home# \_\_\_\_\_ Wk# \_\_\_\_\_

Name/Location of School  
Or Training with Industry \_\_\_\_\_

Scheduled date of completion of schooling or training \_\_\_\_\_

Date of last OER/AER \_\_\_\_\_ Nonrated time \_\_\_\_\_

Email Address \_\_\_\_\_

Date of rank \_\_\_\_\_ Seq# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name/Address: Emergency POC (other than spouse)  
\_\_\_\_\_

Soldier Name (printed) \_\_\_\_\_

SSN# \_\_\_\_\_ Commission RA/USAR \_\_\_\_\_

SIGNATURE \_\_\_\_\_ BR/MOS \_\_\_\_\_ GRADE \_\_\_\_\_

## EMERGENCY DATA CARD FORM DD FORM 93

THE FOLLOWING INCLUDES INFORMATION ON ITEMS WHICH ARE COMMONLY INCOMPLETE. PLEASE PAY SPECIAL ATTENTION TO THE FIELD LISTED BELOW.

### PLEASE TYPE OR PRINT LEGIBLY

Item 4. Spouse's name: Spouse's name must be included unless you have an official divorce decree. **Spouse's maiden name, address, and phone number is required. If you are single mark out spouse and put your address and phone number.**

Item 5. Children: **Exact relationship** of child to sponsor is required. Full date of birth, **address** where child physically resides and **phone number, full name of guardian and the guardian's relationship to sponsor.**

Item 6. Father's name: Field is for biological or adoptive father only, if unknown n/a is applicable, **full address and phone number** is required.

Item 7. Mother's name: Mother maiden name, **phone number, and address** is required.

Item 9. Beneficiaries for DG (Death Gratuity): Designation is in the event that there is no surviving spouse or child.

- **Must be a blood relative**
- **Name and relationship to sponsor.**
- **Full address and phone is required (if information is given already just put SAME as wife, mother, or father's)**

Item 13. Continuation remarks: If spouse is a member of the armed forces then include: **Branch, Rank, SSN, and Full Unit address. Disposition of Remains:** If you are married you must choose spouse and if single next of kin.

## RECORD OF EMERGENCY DATA

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSES:** This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

### INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following

statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

\_\_\_\_\_  
(Signature of Servicemember)

<b>1. NAME</b> (Last, First, Middle)	<b>2a. SSN</b>	<b>b. INITIAL</b> <small>(To indicate valid SSN)</small>	<b>3a. SERVICE</b>	<b>b. REPORTING UNIT CODE</b> <b>DUTY STATION</b>
<b>4a. SPOUSE NAME</b> and (maiden)	<b>b. ADDRESS</b> (Include ZIP Code) and telephone number			
<b>5. CHILDREN</b> <b>a. NAME</b>	<b>b. RELATIONSHIP</b>	<b>c. DATE OF BIRTH</b> (YYYYMMDD)	<b>d. ADDRESS</b> (Include ZIP Code)	
<b>6a. FATHER NAME</b>	<b>b. ADDRESS</b> (Include ZIP Code) and telephone number			
<b>7a. MOTHER NAME</b> and (maiden)	<b>b. ADDRESS</b> (Include ZIP Code) and telephone number			
<b>8a. DO NOT NOTIFY DUE TO ILL HEALTH</b>	<b>b. NOTIFY INSTEAD</b>			
<b>9a. BENEFICIARY(IES) FOR DG</b> (If no surviving spouse or child) must be your blood relative	<b>b. ADDRESS</b> (Include ZIP Code) and telephone (if different from info above)		<b>c. PERCENTAGE</b>	
<b>10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES</b> can be anyone most likely wife	<b>b. ADDRESS</b> (Include ZIP Code)		<b>c. PERCENTAGE</b>	
<b>11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING</b> (Subject to Secretarial determination) can be anyone most likely wife				
<b>12. INSURANCE</b> (SGLI and other Insurance Companies/Policy Numbers)	<b>a. SGLI</b> (Optional Service Use)		<b>b. INSURANCE COMPANIES/POLICY NUMBERS</b>	
	<input type="checkbox"/> MAXIMUM	<input type="checkbox"/> NO		
OTHER (Amount) _____				
<b>13. CONTINUATION/REMARKS</b>				
<b>14. SIGNATURE OF SERVICEMEMBER</b> (Include rank, rate, or grade)		<b>15. SIGNATURE OF WITNESS</b> (Include rank, rate, or grade)		<b>16. DATE SIGNED</b> (YYYYMMDD)

## INSTRUCTIONS FOR PREPARING DD FORM 93

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

All entries explained below are for electronic or typewriter completion, except those specifically noted. If computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 13, "Continuations", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 13" should be included in the item pertaining to the particular next of kin. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. When the space for a particular item is insufficient, insert "See #13" and continue the information in Item 13. Also see preparation instructions for Item 13.

ITEM 1. Member's full last name, first name, middle name.

ITEM 2a. Member's social security number (SSN).

ITEM 2b. Member's initials in ink, verifying SSN accuracy.

ITEM 3a. Service. Use standard one-letter Service code (A - Army, F - Air Force, N - Navy, M - Marine Corps).

ITEM 3b. Reporting Unit Code/Duty Station. Army/Air Force/Navy - see Service Directives. Marine Corps - MEPS enters Monitored Command Code (MCC) to which the member will be assigned.

ITEM 4. First name, middle initial, maiden name (if applicable), and address of spouse. If member is single, divorced, or widowed, so state.

ITEM 5. First name, middle initial, last name (only if different from member's), relationship to member, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Indicate relationship, for example: 03 - son, 04 - daughter, 13 - stepson, 14 - stepdaughter, 33 - adopted daughter, 34 - adopted son. Sample entries: Mary A./04/19650704; Donald E. Jones/13/ 19630102. For children not living with the member's current spouse, include address and name and relationship of person with whom residing.

ITEM 6. First name, middle initial, last name, and address of father. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural father is listed, indicate relationship.

ITEM 7. First name, middle initial, last name, and address of mother. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons not to be notified due to ill health.  
a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan."  
b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a.

ITEM 9. First name, last name, address, and relationship of person(s) to receive the 6 months' gratuity pay if there is no surviving spouse or child at the time of death. Only parents (including a person in loco parentis status) and brothers and sisters (including those of half-blood and those through adoption) may be designated. Loco Parentis means any person(s) who acted in place of the member's parent(s) for a period of not less than one year at any time before the member entered on active duty. If brothers or sisters are designated, show date of birth (YYYYMMDD).

Show percentage to be paid to each person if two or more beneficiaries are designated. The sum shares must equal 100 percent. If no percentage is indicated and more than one person is named, the money is paid in equal shares to the persons named. Enter "None" if the member has no eligible beneficiary. No benefit can be paid in that instance (10 USC 1477). Also enter "None" if the member does not wish to designate a beneficiary. Payment then is made in the order of precedence established by law. The member should make specific designation, however, as it expedites payment.

ITEM 10. First name, middle initial, last name, address and relationship of person(s) to receive unpaid pay and allowances at time of death. The member may indicate anyone to receive this payment. If member designated two or more beneficiaries, state the percentage to be paid for each. The sum shares must equal 100 percent. If the member does not wish to designate a beneficiary, enter "None." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in the order of precedence established by law (10 USC 2771) in the absence of a designation.

ITEM 11. First name, middle initial, last name, relationship, and address of dependent(s) the member designates to receive an allotment of pay if missing, captured, or interned. This allotment may be initiated by the Service Secretary or his designee in the event the member enters a missing status. This item may be left blank. If member designates two or more allottees, state the percentage to be paid to each. The sum shares need not equal 100 percent, but may not exceed 100 percent. NOTE: Designations made in Item 11 are used as a guide by the Service Secretary or designee in establishing, changing, or discontinuing an allotment in the interest of the member (37 USC 551-558). The final decision rests with the Service Secretary or designee.

ITEM 12. Insurance information.  
a. Serviceman's Group Life Insurance (SGLI). Not applicable for Marine Corps and Air Force members. NOTE: Completion of this item does not constitute a SGLI election or designation or beneficiary(ies). Indicate, by entering an "X" in the appropriate block, the member's SGLI election (as stated in VA Form 29-8286). For Navy members, on the next line, enter, as appropriate, either: "Bene Desig filed (YYYYMMDD)," or "Bene Desig not filed."  
b. Insurance companies/policy numbers. Enter full name of all commercial life insurance companies to be notified in case of death. Enter policy number if member desires; this expedites settlement of claims.

ITEM 13. Continuations/remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./03/ 19451220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed.

ITEM 14. Member's signature. Have the member check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 15. Signature of witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 16. Date the member signs the form. This item is an ink entry and must be completed by the member on four copies.

## What You Should Know

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

This form must be correctly completed, signed and received by your Uniformed Service before your death in order for this designation to be valid. An authorized agent of the Uniformed Services should witness your signature.

**Periods of Coverage.** This insurance is in effect throughout the period of full-time active duty or active duty for training. Coverage is also in effect on a full-time basis for reservists who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under Chapter 1223 of Title 10. Coverage continues for 120 days following separation or release.

## Instructions On Completing This Form

1. Type or print in ink all items except where otherwise noted.

### 2. Naming Beneficiaries

- A. A new SGLV-8286 must be completed to change your beneficiary. You may name anyone as beneficiary without him/her knowing or consenting to it.
- B. If the beneficiary is a married woman, use her own first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.
- C. A named beneficiary will **NOT** be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any documents, such as a divorce decree or will.
- D. If you want to name more than two principal beneficiaries, list them all on a separate sheet and write "See attached list" under the *Principal* block. The separate sheet must contain your signature, social security number, and the date, and must be attached to this form.
- E. If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.
- F. You can establish a trust for the benefit of the children and name the trust as the beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does **NOT** create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.

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

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

Example:

mother	\$100,000	or	50%	or	1/2
father	\$100,000		50%		1/2
Total	\$200,000		100%		1

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

### 6. Provisions For Payment Of Insurance

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

## What Your Beneficiaries Should Know

Upon your death, your beneficiary(ies) should send a claim to the Office of Servicemembers' Group Life Insurance, 213 Washington Street, Newark, NJ 07102-2999. Your beneficiary may also call 1-800-419-1473 for claim information.

## DIRECTIONS TO PERSONNEL CLERKS OF THE UNIFORMED SERVICES

1. Complete all appropriate items on this form. All entries, except the signature and those requested to be in the servicemember's own handwriting, must be typed or printed in ink.
2. Make sure the name(s) of one or more principal and contingent beneficiaries appear in the Beneficiary(ies) and Payment Options section, if desired. Include the address and Social Security number, if available, for the beneficiaries and the relationship of the beneficiaries to the servicemember (e.g., father, sister).
3. If a servicemember is designating a beneficiary other than would be normal under his or her family circumstances, see "**Unusual Beneficiary Designations**" in the *Servicemen's Group Life Insurance Handbook*, Handbook 29-75-1.
4. An authorized agent of the Uniformed Service must witness the signature of the servicemember. This representative must sign his or her name below that of the servicemember and should put the date he or she received the form.
5. This form, properly executed, is authority to a payroll office to change the deductions for insurance premiums or to not make such deductions, if the amount of insurance is changed or cancelled.
6. Inform all servicemembers that if they have questions about this form that they may obtain the advice of a military attorney at no expense to the servicemember.
7. Disposition of copies: Reproduce official copies before signing and circle distribution on bottom right of form. Wording and format of form may not be altered. Forms altered from the original wording or format are subject to acceptance by the Office of Servicemembers' Group Life Insurance (OSGLI). Each of the official copies must bear an original signature of both the member and the witness.

Copy 1 - Must be promptly filed in the official personnel file of the member.

Copy 2 - To member. Certificate of coverage.

Copy 3 - **FOR USE BY THE ACTIVE OR RESERVE COMPONENT OF THE UNIFORMED SERVICES. DO NOT SEND TO THE OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE OR TO THE DEPARTMENT OF VETERANS AFFAIRS.**

Please read the instructions before completing this form.

# Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- Name or update your beneficiary
- Reduce the amount of your insurance coverage
- Decline insurance coverage

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

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

Branch of Service (Do not abbreviate)      Current Duty Location

### Amount of Insurance

By law, you are automatically insured for \$250,000. **If you want \$250,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$250,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. **If you do not want any insurance\***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

**Declining SGLI coverage also cancels all family coverage under the SGLI program.**

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

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

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

### Beneficiary(ies) and Payment Options

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

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b>				
1.				
2.				
<b>Contingent</b>				
1.				
2.				
3.				

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

- **This form cancels any prior beneficiary or payment instructions.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$250,000.

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

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

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

SGLV 8286, September 2002

SUPERSEDES AND REPLACES FORM SGLV 8286, August 2002 WHICH WILL NOT BE USED.

Original Copy - Member's Official Personnel File p. 2  
Photocopy 1 - To Member  
Photocopy 2 - To Active or Reserve Component of Uniformed Service

**UNITED STATES ARMY STUDENT DETACHMENT**  
**IMPORTANT NOTICE TO ALL GOVERNMENT TRAVEL CARD HOLDERS**

**REPORTING TO STUDENT DETACHMENT:**

Please complete the transfer form and sign the Important Notice To All Travel Card Holders in your inprocessing packet. All Student Detachment Personnel travel cards will be transferred to Student Detachment and will remain in a deactivated status. Travel cards will be activated upon receipt of a travel order, and verification of this memo on file at the Student Detachment. Fax all travel orders no later than (7) days in advance of travel to 803-751-5346.

**GOVERNMENT TRAVEL CARD PRIVILEGES:**

The government travel card is a charge card, not a credit card. All charges to the Government Travel Card are to be paid upon receipt of the statement from Bank of America. Split disbursement is mandatory. **Non-receipt of payment from DFAS does not absolve the cardholder from making payments by the due date.** A \$29.00 late fee is assessed for late payments. Bank of America will not reverse this charge, unless there has been an erroneous error.

**TDY AND MEDICAL TDY and FILING FOR REIMBURSEMENT:**

Use of the government travel card is for official government travel, travel that is support by a complete authorized travel order DD1610 or other organization travel order. All medical TDY must be approved prior to proceeding; medical TDY requests must be faxed to the Student Detachment accompanied by a medical appointment slip from the treatment facility and signed by a physician. DD form 1351-2 should be filed within 5 days after completion of **each** TDY. If your TDY is for more than 30 days, please file a partial settlement every 30 days. Travel Technical Message (97-11) Mandatory Split Disbursement is effective 1 September 2003. The amount designated for split disbursement is to reflect all charges on the travel card associated the trip being settled. Split disbursement sends funds directly to the Defense Travel Card issuing company only. It is a MANDATORY requirement that all Military Travelers who have and use the Defense Travel Card indicate Split disbursement for Travel Payments. **All approved TDY request must reach the Student Detachment 14 days prior to the date of travel.**

**PCS AND PCS EXPENSE:**

**Effective February 3, 2003, use of the government travel card for PCS expenses is prohibited.** Travel accounts used during PCS moves will be reported as misuse and or abuse. The accounts will be closed permanently.

**DELINQUENT ACCOUNTS:**

When the accounts becomes 30 days overdue, the account will be deactivated until full payment has been received and noted by Bank of America. When an account becomes more than 60 days delinquent, the card will be suspended until the bill is current. Accounts 120 days past due, will be closed permanently by Bank of America. Effective December 1, 2000, Bank of America will no longer accept reinstatement request for travel cards accounts that have been canceled and credit revoked due to delinquency (late payment or non payment).

**Cardholder acknowledgement of memorandum receipt.**

\_\_\_\_\_  
Printed Name, and Grade,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# BANK OF AMERICA GOVERNMENT TRAVEL CARD

## TO UPDATE YOUR GOVERNMENT TRAVEL CARD INFORMATION

1. Call Bank of America @ 1-800-472-1424, provide your new address, business and residence phone number.

Contact Date \_\_\_\_\_

Customer Service Representative Name \_\_\_\_\_

2. Please provide Student Detachment with the following information to transfer your account to our hierarchy level.

Rank/Name \_\_\_\_\_ SSN: \_\_\_\_\_

Travel Card Account \_\_\_\_\_ Expiration date: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Business Phone \_\_\_\_\_

A.K.O. EMAIL Address \_\_\_\_\_

School/Program Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

TDY enroute to Student Detachment \_\_\_\_\_ Yes \_\_\_\_\_ No, If yes did you use your government travel card for TDY enroute expenses.

3. **Incomplete forms will not be processed.** A completed form must be on file at Student Detachment in order for the Travel Card to be activated for TDY purposes.
4. Do not destroy your card. Each time you PCS; please see your gaining unit's Agency Program Coordinator within 10 days to transfer your card. Accounts not transferred within 10 days of departure will be closed.
5. For travel card questions, please contact Student Detachment's Agency Program Coordinator, Mrs. Scott-Blue at 1-800-856-3801 ext. 7.



**DEPARTMENT OF THE ARMY**  
**UNITED STATES ARMY STUDENT DETACHMENT**  
**VICTORY BRIGADE**  
**3330 MAGRUDER AVENUE**  
**FORT JACKSON, SOUTH CAROLINA 29207**

ATZJ-T-SD

9 July 2003

**MEMORANDUM FOR RECORD**

**SUBJECT: Policy # 3 - Leaves**

1. **Ordinary leave requests will be submitted not later than 14 days prior to the requested start date of the leave.**
  - a. Submit a signed DA 31 to the company administrative clerk via mail, fax or email.
  - b. Soldiers must provide an accurate leave address and phone number.
  - c. Leave starts the day you designated on the leave form and ends on the end date designated on the leave form unless otherwise notified.
  - d. No notification for departure or return is required unless the dates are other than what is indicated on the leave form.
  - e. **Extensions** will be dealt with on an individual basis. Only the company commander or 1SG can authorize leave extensions.
  - f. The Company Commander may approve leave up to 30 days; the Brigade Commander must approve all leave in excess of 30 days.
2. **Emergency leave** will only be authorized by the First Sergeant or Company Commander and will be granted in accordance with AR 600-8-10. Emergency leave may be disapproved if the individual is in a negative accrued status.
3. Soldiers assigned to USASD are on an honor system for leave and are expected to sign up for leave under the following circumstances:
  - For any period away from assigned duty location that exceeds the 4 days authorized for pass even if the soldier is within a 500 mile radius of the duty location.
  - For any period that the soldier will be outside of a 500 mile radius of the assigned duty location
4. Any time that a student is away from their assigned duty location, they must be under a pass, leave, TDY or PTDY status. If there is ever a question about the appropriate status, the soldier should call the detachment for clarification.
5. The point of contact for this memorandum is CPT James Cheney at 803-751-5305.

  
JAMES C. CHENEY  
CPT, AG  
Commanding



**DEPARTMENT OF THE ARMY**  
UNITED STATES ARMY STUDENT DETACHMENT  
VICTORY BRIGADE  
3330 MAGRUDER AVENUE  
FORT JACKSON, SOUTH CAROLINA 29207

ATZJ-T-SD

9 July 2003

MEMORANDUM FOR RECORD

SUBJECT: Policy # 4 - Passes

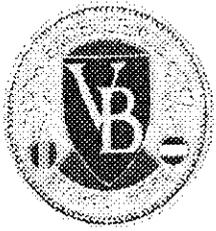
1. It is the intent of this command to ensure all soldiers receive equal time off from their daily duties without having to use accrued leave.
2. Passes are granted for either three (3) or four (4) days in conjunction with a weekend.
3. **Permanent party USASD soldiers assigned to Fort Jackson**
  - a. Mileage passes must be approved by the chain of command and signed by the commander when are traveling outside of 250 miles on a standard weekend, 400 miles on a long weekend.
  - b. All passes will be coordinated through the chain of command and must be approved three days prior to the actual pass.
  - c. All Passes awarded to personnel for any type of achievement must be used within 30 days of receiving the pass.
  - d. Company Leadership may pull passes at any time if mission or adverse action dictates.
4. **USASD Students**
  - a. Students may submit passes and have approved my their SLO, Supervisor or Academic Advisors.
5. Any time that a student is away from their assigned duty location, they must be under a pass, leave, TDY or PTDY status. If there is ever a question about the appropriate status, the soldier should call the detachment for clarification.
6. The point of contact for this memorandum is CPT James Cheney at 803-751-5305.

  
JAMES C. CHENEY  
CPT, AG  
Commanding

<b>REQUEST AND AUTHORITY FOR LEAVE</b>				1. CONTROL NUMBER	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See instructions on reverse.)					
<b>PART I</b>					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK	5. DATE
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO.	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS					
Chargeable leave is from _____ to _____					
<b>PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL</b>					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
<b>PART III - DEPENDENT TRAVEL AUTHORIZATION</b>					
24. <input type="checkbox"/> (Space available or required cash reimbursable)		<input type="checkbox"/> ONE WAY		<input type="checkbox"/> ROUND TRIP	
25. <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER	
<b>PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION</b>					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

# ***FOR YOUR INFORMATION***

***CHECK WITH YOUR LOCAL MILITARY PERSONNEL DIVISION (MPD) TO SEE WHEN YOUR PHYSICAL AND DA PHOTOGRAPH ARE DUE. IF A UPDATE IS NEEDED DURING YOUR ASSIGNMENT WITH USASD, ACCOMPLISH IT BEFORE YOU LEAVE YOUR LOSING COMMAND AND SEND CURRENT COPIES WITH YOUR MPRJ. USASD DO NOT HAVE FUNDS AVAILABLE FOR DA PHOTOGRAPHS, PHYSICALS OR FLIGHT PHYSICALS.***



**US ARMY STUDENT DETACHMENT**  
**TELEPHONE LISTING**  
**ATZJ-T-SD**  
***RESPONSIVE TO YOUR NEEDS, SOLDIERS FIRST***



<b>COMMANDER</b>	CPT CHENEY	803-751-5305
<b>FIRST SERGEANT</b>	1SG HIGHTOWERSMITH	803-751-5321
<b>OPERATIONS SERGEANT/ TRAINING/APFT CARDS (EXT 8)</b>	SSG A. BRINKLEY	803-751-5372
<b>STUDENT DETACHMENT</b>	<b>TOLL FREE</b>	<b>800-856-3801</b>
<b>FINANCE</b>		
<b>SUPERVISOR (EXT 6)</b>	MRS. B. SINGLETON	803-751-5540
<b>NCOIC, FINANCE SECTION</b>	SGT BEST	803-751-7689
<b>DITY/PAY ACTIONS/INQ/INPROCESSING/TDY</b>	MRS. C. MCKEE	803-751-5564
<b>DITY/PAY ACTIONS/INQ/INPROCESSING/TDY</b>	SPC MORENO	803-751-6542
<b>ADMINISTRATIVE SECTION</b>		
<b>PESONNEL SUPPORT NCOIC (EXT 1)</b>	SGT. S. HARRISON	803-751-5393
<b>TRAVEL CARD/TDY/AER/4187'S (EXT 7)</b>	MRS. C. SCOTT-BLUE	803-751-3795
<b>SLO/PROMOTIONS/SIDPERS</b>		803-751-5382
<b>SECURITY CLEARANCES (EXT 2)</b>	MR. KINCAID	
<b>LEAVE/MED &amp; DENTAL/ FLPP (EXT 5) PERMISSIVE TDY/COUNTRY CLEARANCES</b>	MR. FAYARD	803-751-5389
<b>ACCOUNTABILITY</b>	SPC MORENO	803-751-6542
<b>REASSIGNMENTS A-I (EXT 4)</b>	SPC WRIGHT	803-751-5381
<b>REASSIGNMENTS J-R (EXT 4)</b>	SPC GOPPERT	803-751-5381
<b>REASSIGNMENTS S-Z (EXT 3)</b>	SPC MCDANIEL	803-751-5516
<b>SUPPORT PHONE NUMBERS</b>		
<b>FAX NUMBER: DSN 734-5346/5392</b>	<b>FAX NUMBER COMM: 803-751-5346/5392</b>	
<b>ORB/STATEMENTS OF SERVICE</b>	803 751 OR 734 /5583/5179/5361/5890	
<b>ENLISTED REASSIGNMENTS</b>	DSN 734 OR COM 751	4893/6111/5579
<b>ID CARDS</b>	DSN 734 OR COM 751	5735/6022
<b>PASSPORTS</b>	DSN 734 OR COM 751	4716/5128
<b>PROMOTIONS</b>	DSN 734 OR COM 751	5578
<b>CARSON WAGON LIT (782-2966) FAX-803-782-6945</b>	DSN 734-4716/Comm 751	800-229-6078
<b>AG-Country Clearance Final Processing</b>	Mr. Ruise	803-751-6281
<b>Carson Wagonlit (Nat'l Guard)</b>	<b>FOR LEISURE TRAVEL</b>	803-252-9724
<b>WEB ADDRESS</b>	<a href="http://WWW.ARMY.MIL.TCCBDE/SDINDEX.HTM">WWW.ARMY.MIL.TCCBDE/SDINDEX.HTM</a>	
<b>PERSCOM- CPT SHOWALTER OR MS HENDERSON ADVANCE CIVIL SCHOOLS JOEL STROUT</b>	703-325-3141 703-325-6681 703-325-3138	FAX 703-325-3242
<b>PERSCOM- AER SUBMISSIONS-BOOK PAYMENTS: MICHELLE CARR</b>	703-325-3142	

**STUDENT INQUIRY**

**DATA REQUIRED BY PRIVACY ACT OF 1974**

Authority for collection of personal information is SEC 301, TITLE 5 USC. The purpose of this form is to assist individuals when inquires to the Student Detachment. Student Detachment personnel will identify the individual, the nature of his inquiry and the type of action necessary. Disclosure of SSN is mandatory since the SSN is the Service Member's (SM) identification number. Disclosure of other information is voluntary. Not providing information requested on the inquiry form will result in no action being taken by the USA Student Detachment.

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SSN \_\_\_\_\_

CURRENT MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME/LOC \_\_\_\_\_  
COLLECE/TWI \_\_\_\_\_  
GRAD DATE \_\_\_\_\_

QUESTIONS/INQUIRY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# POC E-MAIL ADDRESSES

JAMES.CHENEY@JACKSON.ARMY.MIL

SANDRA.HIGHTOWERSMITH@JACKSON.ARMY.MIL

ANTHONY.BRINKLEY@JACKSON.ARMY.MIL

ANTHONY.BEST@JACKSON.ARMY.MIL

## FINANCE

SINGLETONB@JACKSON.ARMY.MIL

MCKEEA@JACKSON.ARMY.MIL

RODOLFO.MORENO@JACKSON.ARMY.MIL

## ADMINISTRATION SECTION

CONNIE.SCOTT-BLUE@JACKSON.ARMY.MIL

KINCAIDJ@JACKSON.ARMY.MIL

FAYARDJ@JACKSON.ARMY.MIL

JAMES.GOPPERT@JACKSON.ARMY.MIL

DREMEIA.MCDANIEL@JACKSON.ARMY.MIL

KENNETH.WRIGHT@JACKSON.ARMY.MIL