

United States Army Student Detachment

Student Out-Processing (OCONUS UNACCOMPANIED/RESTRICTED)

SOLDIER INFORMATION

Last Name, First Name	Rank	PCS gaining location: Report date to gaining station: Start date of PCS leave:
<input type="checkbox"/> TDY Enroute Location: Start Date:		

ADMINISTRATION CHECKLIST

DOCUMENTS NEEDED IF PCSing UNACCOMPANIED/RESTRICTED:

- (DA 31), Request and Authority for Leave (Leave Form)
- (DA 5121, Mar 2007) Overseas Tour Election Statement
- (DA 4036, Mar 2007) Medical and Dental Preparation for Overseas Movement
- (DA 4787, Mar 2007) Reassignment Processing
- (DA 7415), Exceptional Family Member Program (EFMP) Query Sheet

IMPORTANT: If you were issued a CAC Card Reader it must be returned prior to out-processing USASD (Within 30 days of completing your course of study/training.)

OPTIONAL FORMS

THESE ITEMS MUST BE SUBMITTED NO LESS THAN 10 DAYS PRIOR TO YOUR SIGN OUT DATE. IF FORMS ARE RECEIVED AFTER THE 10 DAYS PRIOR FORMS WILL BE RETURNED WITHOUT ACTION, IAW DFAS STANDARDS.

- PCS Advance Request Form
- (DD Form 2560) Advance Pay Request

↓ **FOR USE BY USASD PERSONNEL ONLY** ↓

DATE SENT SM NOTIFICATION:

GRAD DATE:

SUSPENCE DATE:

REMARKS:

PRIVACY ACT STATEMENT

AUTHORITY:	Title 5, USC, Section 301.
PRINCIPAL PURPOSE(S):	To authorize military leave, document start and stop of such leave; record address and telephone number where a Soldier may be contacted in case of an emergency during leave; and certify leave days chargeable to a Soldier's leave account.
ROUTINE USES:	To update a Soldier's military leave and pay records. Information furnished may be disclosed to DOD officials or employees who need this information to perform their duties; to federal, state, and local law enforcement authorities in appropriate cases; the American Red Cross; and relatives. The social security number is used for positive identification.
DISCLOSURE:	Voluntary. Disclosure of SSN is voluntary. However, this form will not be processed without a Soldier's SSN, since the Army identifies members by SSN for pay or leave purposes.

INSTRUCTIONS TO INDIVIDUAL

1. **AUTHORITY FOR LEAVE.** A Soldier on leave must carry this form while on leave.
2. **CHANGES.** A Soldier who desires changes in authorized leave or does not begin leave on schedule will notify commander.
3. **REPORTING.** A Soldier will report to duty station not later than 2400 on the last day of leave (*block 10b*) (*even if PCS orders contain a later reporting date*).
4. **DEPARTURE/RETURN.** A Soldier will begin and end leave on post, at the duty location, or from the place he or she regularly commutes to work.
5. **CHARGEABLE LEAVE.** If a Soldier works over one-half of the normally scheduled working hours on the day of his or her departure or return, that day is not a chargeable leave day. (*Soldier's commander may authorize early departure or late arrival.*) If he or she returns on a normally scheduled nonduty day, that day is not chargeable to leave.
6. **TRAVEL EXPENSES.** A Soldier on leave pays for all his or her travel expenses, to include return to duty station. He or she must have sufficient funds to pay all expenses. A Soldier without sufficient funds to return to duty station reports to the nearest military installation.
7. **LEAVE EXTENSIONS.** A Soldier must request leave extension prior to end of leave.
 - a. If disapproved, 3 above applies.
 - b. If approved, complete block 15a - 15c. Attach written notification of extension when received.
8. **LOST OR DESTROYED LEAVE FORM EN ROUTE PCS.** Request a reconstructed form from the losing station. Continue with required travel and reporting dates.
9. **CASUAL PAY.** A Soldier who needs a casual pay while on leave should contact the servicing FAO for information and assistance.
10. **MEDICAL TREATMENT.**
 - a. A Soldier who requires medical treatment while on leave, report to the nearest military medical facility. the absence of such a facility, report to a uniformed services treatment facility or Veteran's Administration facility, if possible.
 - b. Medical treatment at Government expense at other than federal facilities is authorized only for emergencies when treatment cannot be obtained from Government facilities or when prior approval is obtained.
 - c. If a Soldier becomes hospitalized by a civilian physician, the Soldier or someone acting for him or her contact the Patient Administration Office of the nearest military medical facility as soon as possible. A Soldier may seek assistance from the nearest U.S. Army recruiting station or local chapter of the American Red Cross. Information provided must include nature of illness or injury, date and place of hospitalization, and name and telephone number of attending physician.
 - d. If a Soldier is placed sick-in-quarters by a civilian physician he or she will
 - (1) Contact the Patient Administration Office of the nearest military medical facility.
 - (2) Obtain written statement from attending physician (*military or civilian*) verifying condition and including dates of treatment. Provide statement to leave approving authority upon return to duty.

OVERSEAS TOUR ELECTION STATEMENT

For use of this form, see AR 600-8-11; the proponent agency's DCS, G-1.

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Sections 3010, 3012 and 5031, and Title 5, USC, Section 501.
Principal Purpose: For personnel service support.
Routine Uses: (1) To conduct initial screening of reassignment cycle to determine soldier's eligibility to comply; and (2) basis for initiating special assignment processing (deletion/deferments; additional service; or any other special processing required).
Disclosure: Disclosure of information is voluntary. However, failure to disclose this data may result in unnecessary hardship on the soldier and/or family members. Failure to disclose data will not automatically exempt soldier from selected reassignment.

INSTRUCTIONS: Prepare this form in two copies. Place the original in the Action Pending section of the soldier's MPRJ and place the copy in the soldier's Reassignment File.

1. NAME	2. SSN	3. GRADE/RANK
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4. FOR ALL SOLDIERS

Having been advised that I am scheduled for a permanent change of station assignment to _____

_____, I understand that I must elect to serve either an "all others" or a "with dependents" tour.

If I elect to serve the "all others" tour, I understand that Government transportation of my family members to or from my overseas duty station will not be authorized during the tour. I also understand that if my family members travel at their own expense to reside at or near the area of my assignment (except for a visit for a period not exceeding 3 continuous months), I will no longer be entitled to Family Separation Allowance. I also understand that under this tour election, I am authorized movement of my family members to a designated location at Government expense. However, after my family members make a move to a designated location at Government expense, I cannot request to change my tour to the "with dependents" tour in order to request movement of my family members to my overseas area unless extreme personal problems arise which are fully documented.

AND

If I elect to serve the "with dependents" tour, I understand I am not authorized to move my family members and/or household goods to a designated location in CONUS. I understand that I must apply promptly for concurrent travel of my family members in order to receive Family Separation Allowance in the event concurrent travel is not approved. I understand that, if concurrent/deferred travel is not approved, I may apply for nonconcurrent travel for my family members after I arrive in my overseas area, if I am able to obtain suitable quarters, or I may elect to have my family members remain in CONUS. I understand I must have sufficient remaining service to complete the "with dependents" tour length requirements upon my arrival in the overseas area. If not, I will be required to serve an "all others" tour and will not be entitled to Government transportation of my family members to my overseas duty station.

5. FOR INVOLUNTARY EXTENSION

I further understand that I will be involuntarily extended in the overseas command if:

I am an obligated volunteer officer (OBV) and do not wish to extend my Active Duty Service Obligation (ADSO) and the end date of my ADSO follows my date eligible for return from overseas (DEROS) within 11 months (long tour area) or six months (short tour area).

I will be returned to the continental U.S. (CONUS) transition point in sufficient time to process my separation. To be reassigned to CONUS at my normal DEROS, I must be eligible and take action to acquire sufficient service to have the required months remaining at DEROS.

6. FOR ALL ARMY SOLDIERS MARRIED TO OTHER ARMY SOLDIERS

I have been briefed and understand the joint domicile requirements.

7. FOR USAR OBV OFFICERS

I understand that if I currently have insufficient remaining service to complete the "with dependents" tour, that by electing the "with dependents" option below, I am concurrently volunteering herewith to extend my ADSO until completion of the prescribed tour.

8. FOR ALL SOLDIERS

Regarding my option to elect either the "all others" or the "with dependents" tour, I choose the following actions, to include any additional involuntary extended time in the overseas command.

- a. I elect to serve a tour for a period of _____ months in an "all others" status.
- b. I elect to serve a tour for a period of _____ months in an "with dependents" status.

9. SIGNATURE OF SOLDIER	10A. SIGNATURE OF WITNESS	B. DATE (YYYYMMDD)
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MEDICAL AND DENTAL PREPARATION FOR OVERSEAS MOVEMENT

For use of this form, see AR 600-8-14; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.
Principal Purpose: Information is required on all soldiers being reassigned overseas to determine if they meet medical and dental standards for such assignment.
Routine Uses: (1) For personnel service support; and (2) information is primarily obtained from review of records unless assignment is to be an isolated area which requires evaluation and personal interview.
Disclosure: Disclosure of information is voluntary. If family members are required to complete medical and dental evaluation and personal interview, but refuse to do so, they will not be permitted to accompany the soldier to the overseas assignment.

1. TO	2. FROM
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3. NAME (Last, Middle, First)	4. SSN	5A. GRADE OR RANK	5B. PMOS OR AOC
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6. PRESENT UNIT OF ASSIGNMENT	7. PROJECTED UNIT OF ASSIGNMENT <small>(include installation)</small>
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8. PROJECTED DUTY MOS OR AOC <small>(if Position Code)</small>	9. ANTICIPATED DATE OF LOSS	10. IS MEMBER BEING ASSIGNED TO AN ISOLATED AREA AS DEFINED BY AR 40-501, PARA 5-13C? <input type="checkbox"/> Yes <input type="checkbox"/> No
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11. IF ANSWER TO ITEM 10 IS "YES" AND IF MEMBER IS REQUESTING FAMILY TRAVEL, ALL FAMILY MEMBERS WILL BE SCREENED BY THE LOCAL MEDICAL TREATMENT FACILITY FOR SPECIAL MEDICAL AND FUNCTIONAL NEEDS. ENTER NAMES OF ALL ACCOMPANYING FAMILY MEMBERS, OTHERWISE ENTER N/A

NAME	NAME

12. LIST ANY OTHER SPECIAL MEDICAL OR DENTAL INSTRUCTIONS CONTAINED IN THE ASSIGNMENT INSTRUCTIONS

13A. NAME OF MPD/PSC REPRESENTATIVE	B. TITLE	
C. SIGNATURE	D. GRADE	E. DATE (MM/DD/YY)

Complete the medical and dental status portions below, return the original and one copy to the MDP/PSC within 21 calendar days of the date shown in item 13E, and forward one copy to the address in item 6.

MEDICAL STATUS

14A. PHYSICAL PROFILE SERIAL CODE <small>(PULSES)</small>			B. PHYSICAL CATEGORY CODE	C. MEDICAL RECORDS REVEAL THE FOLLOWING ASSIGNMENT LIMITATIONS
YES	NO	N/A	ITEM	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16A. Does the member meet the medical fitness standards outlined in AR 40-501? <i>(If "no" explain briefly.)</i>	B. IF CONDITION IS TEMPORARY, EXPECTED DATE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16A. Has member completed HIV screening?	B. DATE, TIME AND LOCATION OF APPOINTMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17A. Is the member pregnant?	B. IF "YES", EXPECTED DATE OF DELIVERY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18A. All active duty and reserve personnel of PCS assignment to Korea will be vaccinated with hepatitis B vaccine. Does the member require immunization?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19A. Does the member require remedial medical care?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20A. Is the member currently undergoing alcohol or drug abuse rehabilitation?	B. IF "YES", INDICATE DATE THE MEMBER ENTERED THE REHABILITATION PROGRAM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21A. If item 10 is checked "yes", can the member be assigned to an area where medical facilities are limited or nonexistent?	B. IF "YES", THE MEMBER <small>(and family members, if applicable)</small> MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS <small>(item 9)</small> . INDICATE DATE, TIME AND LOCATION OF APPOINTMENT(S)

22. Medical Records Indicate the Member Requires the Following *(Check those appropriate)*

REQUIRES	HAS	MISSING	ITEM	DATE, TIME AND LOCATION OF APPOINTMENT, IF NEEDED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Two pairs of spectacles	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Protective mask spectacle insert	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Two hearing aids	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Medical warning tag	

23A. NAME OF MEDICAL OFFICER			B. TITLE	
C. SIGNATURE		D. GRADE	E. DATE (YYYYMMDD)	

DENTAL STATUS *(Complete only if item 10 is checked "Yes" or if required by item 12.)*

YES	NO	ITEM	B.
<input type="checkbox"/>	<input type="checkbox"/>	24A. Is the member dentally qualified?	IF "NO", BRIEFLY EXPLAIN. IF CONDITION IS TEMPORARY, EXPECTED DATE THE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT
<input type="checkbox"/>	<input type="checkbox"/>	25A. Does the member require remedial dental care?	IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
<input type="checkbox"/>	<input type="checkbox"/>	26A. If item 10 is checked "yes", can the member be assigned to an area where dental facilities are limited or nonexistent?	IF "YES", THE MEMBER <small>(and family members, if applicable)</small> MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS <small>(item 9)</small> . INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT(S)

27A. NAME OF DENTAL OFFICER			B. TITLE	
C. SIGNATURE		D. GRADE	E. DATE (YYYYMMDD)	

REASSIGNMENT PROCESSING

For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Sections 3010, 8012, and 5031; Title 5, USC, Section 301; and EO 9397 (SSN).
Principal Purpose: To make assignment decisions, evaluate family member travel to overseas commands and assign family housing.
Routine Uses: General disclosures permitted by the Privacy Act and the Army's systems of records notices apply.
Disclosure: Disclosure of information is voluntary. If the information is not provided, commanders will not be aware of family member travel and housing requests, and will result in no government travel and housing for family members.

PART A - PERSONNEL AND ASSIGNMENT MANAGEMENT DATA *(To be Completed by Losing IMPD/PSC)*

1. TO		2. FROM			
3. NAME <i>(Last, Middle, First)</i>		4. SSN	5. GRADE	6. PMOS	
8A. CURRENT UNIT/STATION		7A. REASSIGNED TO <i>(Unit/US/AF/OCountry)</i>			
8B. TELEPHONE NO. <i>(Include Area Code)</i>		7B. RSG AUTH	7C. PERS CON NO.	7D. REPORT DATE <i>(YYYYMMDD)</i>	
6C. AKA EMAIL ADDRESS					
8. TDY Enroute <i>(Complete only if applicable)</i>					
A. MOS/SS/USQ/ASL		B. PURPOSE OF TDY		C. GRAD/TERM. DATE <i>(YYYYMMDD)</i>	
9. Married Army Couples Program <i>(Complete only if joint domicile will be requested)</i>					
9A. NAME OF MILITARY SPOUSE		9B. SSN	9C. GRADE	9D. PMOS	
9E. CURRENT UNIT/STATION			9F. TELEPHONE NO. <i>(Include Area Code)</i>		

PART B - HOUSING AND FAMILY TRAVEL DATA

10. I do <input type="checkbox"/> do not <input type="checkbox"/> have family members with physical, emotional, developmental or intellectual problems.					
11. <input type="checkbox"/> I am a sole parent. <i>(Check only if applicable)</i>					
12. Application for Family Member Travel to Overseas Command <i>(Check only one)</i>					
a. <input type="checkbox"/>		I desire concurrent travel and will accept economy quarters if government quarters are not available.			
b. <input type="checkbox"/>		I desire concurrent travel but will not accept economy quarters.			
13. Family Members Who Will Travel to Next Permanent Duty Station <i>(If more space is needed, continue on a separate sheet.)</i>					
A. NAME <i>(Last, First, MI)</i>		B. RELATIONSHIP	C. SEX	D. DATE OF BIRTH <i>(YYYYMMDD)</i>	E. CITIZENSHIP
14. ANY RELATIVE IN GAINING OVERSEAS AREA WHERE FAMILY MEMBERS MAY RESIDE PENDING AVAILABILITY OF HOUSING AT OR NEAR DUTY STATION <i>(Include name, relationship, address and phone number.)</i>					
15A. ADDRESS WHERE MY FAMILY IS CURRENTLY LOCATED			16A. ADDRESS WHERE MY FAMILY MAY BE CONTACTED WHILE ON LEAVE		
15B. TELEPHONE NO. <i>(Include Area Code)</i>			16B. TELEPHONE NO. <i>(Include Area Code)</i>		
17. The soldier is administratively qualified and available for assignment. Control sheets/forms prescribed by the regulation <i>(or their equivalents)</i> have been completed. A request for deletion or deferment is <input type="checkbox"/> anticipated <input type="checkbox"/> not anticipated.					
17A. SOLDIER'S SIGNATURE	17B. MPD/PSC OFFICIAL'S SIGNATURE	17C. REASSIGNMENT WORK CENTER EMAIL ADDRESS <i>(Agency Specific)</i>		17D. DATE <i>(YYYYMMDD)</i>	

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) QUERYING SHEET

For use of this form, see AR 608-75; the proponent agency is AGSIM.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Departmental Regulations; 10 USC 1071-1085; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-75, EFMP.

PRINCIPAL PURPOSE: To identify soldiers that have family members for enrollment in the EFMP.

ROUTINE USES: To federal, state, and local medical agencies in order to provide an exceptional family member with medical treatment when the Department of the Army does not have a suitable treatment facility.

DISCLOSURE: Disclosure of the requested information is mandatory. Failure to provide the information may result in disciplinary and/or administrative action. Additionally, failure to provide the information may result in an EFM not receiving necessary medical care.

1. NAME OF SOLDIER

2. RANK

3. UNIT

4a. HOME ADDRESS

b. HOME PHONE NUMBER

5a. DUTY ADDRESS

b. DUTY PHONE NUMBER

c. FAX NUMBER

d. EMAIL ADDRESS

6. Do you have a family member (*child or adult*) with a physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, counseling, equipment, assistance or medical care above the level of a general practitioner?

YES NO

7. If the answer to the above question is yes, is the family member enrolled in EFMP?

YES NO

8. The EFMP works with the other military and civilian agencies to provide comprehensive, coordinated community support, educational, housing, personnel, and medical services to families with special needs. Enrollment in EFMP is mandatory and benefits the family by considering medical and special education needs in the military personnel assignment process. Medical needs are considered in the worldwide assignment process whereas special education needs are only considered in overseas assignments.

9. The above information is true and correct to the best of my knowledge.

a. SIGNATURE OF SOLDIER

b. DATE SIGNED (YYYYMMDD)

PCS Advance Request Form

(Privacy Act: Authority: AR 37-106, chapter 5 Purpose: To obtain information about individual's travel. Uses: Posting information to IATS/ DD 1588/Computation of advance travel. Disclosure: Mandatory. Will be denied payment if failure to provide information requested.

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

Name: _____ SSN: _____ Sign Out Date: _____

Rank: _____ Present Unit: _____ Daytime Phone #: _____

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

(NOTE: Please, no foreign address)

Spouse's name _____ Date of Marriage _____ Is Spouse Military _____

Please list NAME and Date of Birth (day, month, year) of children traveling with you:			
NAME _____	DOB _____	NAME _____	DOB _____
NAME _____	DOB _____	NAME _____	DOB _____
NAME _____	DOB _____	NAME _____	DOB _____

PLEASE READ AND COMPLETE ONLY SPACES THAT IS APPLICABLE TO YOUR PCS MOVE.

1.) Are you requesting an advance for your travel _____
 Is any of your travel going to be by POV? _____
 If yes, then POV travel is from (City,ST) _____ To(City, ST) _____
 If traveling to overseas or traveling by other than POV travel:
 Are you buying your own ticket Cost \$ _____ or are your tickets being issued to you _____
 Ticket you purchased is from(City, ST) _____ To(City, ST, Country) _____
 Issued tickets are from (City, ST) _____ To (City, St or Country) _____

2) Are your dependents relocating? _____ What date? _____
 Are you requesting an advance for your dependent travel _____
 Is any of their travel by POV _____ If yes, number of POVs used for this PCS move _____
 Their POV travel is from (City, ST) _____ To(City,ST) _____
 If dependents are travelling to overseas or are traveling by other than POV travel:
 Are you buying your dependents tickets Cost \$ _____ or are they being issued to you _____
 Tickets you purchased are from(City, ST) _____ to(City,ST or Country) _____
 Issued tickets are from (City, ST) _____ to (City, St or Country) _____

3) Are you requesting an advance for Dislocation Allowance (DLA) _____
 (No advance DLA authorized, for married soldier w/deferred travel for dependents or if your family will not relocate within 60 days. No advance DLA will be given for single service members E-6 and below who will not be residing off post at the new duty station. Service Members must have a Statement of Non-Availability from housing office at gaining station to reside off post.)

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

5.) TDY(enroute) Lodging daily cost _____ Meals Govt. _____ Comm _____

Soldier's Signature _____ DATE _____

Finance Clerk Signature _____

DATE _____

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

1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NO.	3. GRADE
4. I REQUEST:		5. I REQUEST A REPAYMENT SCHEDULE OF:	6. I REQUEST PAYMENT OF THE ADVANCE PAY:
<input type="checkbox"/> a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse)		<input type="checkbox"/> a. 12 MONTHS OR LESS (Specify number of months)	<input type="checkbox"/> a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS
<input type="checkbox"/> b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (Parts II and V must be completed) (Specify amount) \$		<input type="checkbox"/> b. 13 - 24 MONTHS (Parts II and V must be completed regardless of pay grade. NOTE: Repayment schedule correct unless member's duty of assignment) (Specify number of months)	<input type="checkbox"/> b. 31-90 DAYS BEFORE MY PCS (Parts II and V must be completed)
			<input type="checkbox"/> c. 61-180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed)

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

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

PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK

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

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

PART IV. MEMBER CERTIFICATION

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

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

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

13. SIGNATURE	14. DATE (YYMMDD)

PART V. APPROVAL OF MEMBER'S COMMANDER

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

23. REMARKS

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.