

# Advice Of Military Status And Dependency

(See Executive Instructions No. 6, Section 5)

Private

<b>To &gt;</b>	Segment/Operations Manager	Address
<b>Copy To &gt;</b>	Area Department Head (Or Gen. Dept. Head)	Address

This is to authorize the Payment of the difference, if any, between regular Company Pay and Government Pay as defined, for the following named employee based on Company and Government rates of pay in effect as of the date of entry into the (Army, Navy, Air Force, etc.)

<b>1</b>	Name	Soc. Sec. No.	Title	Payroll No. and Type
	Location		Address to which Pay draft and/or advice should be mailed	

**2 Type of Duty:**

**a** Training or active emergency service with the armed forces for a period of \_\_\_\_\_ for which a departmental leave of absence has been granted from \_\_\_\_\_ through \_\_\_\_\_ and for which difference in pay is Authorized for \_\_\_\_\_ working days from \_\_\_\_\_ to \_\_\_\_\_ inclusive, or

**b** Extended duty for which a formal leave of absence has been granted from \_\_\_\_\_ through \_\_\_\_\_ for which difference in pay is authorized for \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ inclusive.

**3 Company Pay Status:**

**\*a** Basic pay at \$ \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ working days. \$ \_\_\_\_\_

**b** Weekly Differential of \$ \_\_\_\_\_ per week for \_\_\_\_\_ weeks (amount of weekly differential should be determined in same manner as for Sickness Pay). \$ \_\_\_\_\_

**\*c** Total (a) and (b). \$ \_\_\_\_\_

**4 Military Status and Government Pay as of \_\_\_\_\_ (date)**  
(See Military Pay Tables Filed with Executive Instructions):

**a** Rank, pay grade, service and basic pay per month.  
\_\_\_\_\_ with over \_\_\_\_\_ Years Service \$ \_\_\_\_\_

**b** Difference in quarter's allowance for employees with dependents: Per month \$ \_\_\_\_\_

**c** Incentive Pay: Per Month \$ \_\_\_\_\_

**d** Special Pay - Sea or Foreign Duty: Per month \$ \_\_\_\_\_

**e** Proficiency or Unusual Responsibility Pay: Per Month \$ \_\_\_\_\_

**f** Amount of Government Contribution, if any, to family allowances \$ \_\_\_\_\_

**\*g** Total (a) thru (f) \$ \_\_\_\_\_

**\*h** Amount of Government Pay, as defined, for period involved \$ \_\_\_\_\_

**5** Difference in Pay, if any, payable by Company (III(c) Minus IV(h): \$ \_\_\_\_\_

**6** Number of dependents \_\_\_\_\_ (Show on reverse name, age, and relationship of each dependent.) \$ \_\_\_\_\_

Correct >	Title	Date
Recommended >	Title	Date
Approved >	Title	Date

• If desired, items indicated by an asterisk may be left blank for completion by the Comptrollers Department.