

COS Termination Email Format for Volunteer Financial Operations

This termination document must be emailed for every Volunteer who completes service. Please complete the format below in full; if an item is not applicable, please fill in "N/A."

TO: Volunteer Financial Operations (VFO), E-MAIL: PCVStatusInfo@peacecorps.gov

INFO: VS/OSS

FROM: COUNTRY DIRECTOR

DATE: ***Date COS email is sent***

SUBJECT: PCV Completion of Service

REF: PCMS 223

A. NAME: ***Fill***

B. SSN: ***Last four digits of SSN only***

C. STATUS: ***PCV***

D. COUNTRY CODE, FY, QTR EOD: ***Training Class Number***

E. COS DATE: ***Fill***

F. US ADDRESS: ***HOR address or
Address where final RA check is to be sent***

G. **RA OVERPAYMENTS OR ADVANCES:**

1. **Living Allowance:** *State US dollar amount of overpayment ONLY IF THE OVERPAYMENT HAS NOT BEEN SETTLED IN COUNTRY. Overpayment consists of those days paid beyond the departure or field termination date to the end of the pay period, multiplied by the daily rate. This amount will be deducted from the Readjustment Allowance by PC/W.*
2. **Leave Allowance:** *State US dollar amount of overpayment ONLY IF THE OVERPAYMENT HAS NOT BEEN SETTLED IN COUNTRY. Overpayment consists of the number of days paid BUT NOT EARNED, multiplied by \$12.00. This amount will be deducted from the Readjustment Allowance by PC/W.*
3. **Other Indebtedness:** *Explain any amounts in US dollars to be withdrawn from the Readjustment Allowance account to satisfy indebtedness and obligations authorized by the Trainee or Volunteer. ANY AMOUNTS RECOUPED THROUGH THE READJUSTMENT ALLOWANCE ACCOUNT CREDIT THE PEACE CORPS GENERAL FUND ONLY.*
4. **Signed PC-477 in File?:** *Indicate whether there is a signed PC-477 on file in country for all the overpayments or listed above. If no PC-477 is on file, indicate reason(s) why.*
5. **Advances Against RA:** *State Readjustment Allowance cash advances paid at Post at any time during the Volunteer or Trainee's service.*
- H. **CORPSCARE TO BE DEDUCTED FROM RA:** *State US dollar amount and number of months of requeste CorpsCare.*