Pay and Allowances Continuation Extension Request

Reference(s): National Defense Authorization Act For Fiscal Year 2008 (NDAA), Sec 661, Memorandum, Office Of The Under Secretary Of Defense (USD), Subject: Continuation Of Pay And Allowances While Hospitalized For Treatment, Dated May 15, 2008, ALARACT: 022/2009, DTG 231416Z Jan 09, HRC MILPER MSG 11-163 dated 27 May 2011

Purpose: For Army Soldiers to apply for a 6-month PAC extension beyond initial 12-month entitlement. PAC will not be extended unless approved by the Under Secretary of Defense for "Extraordinary Circumstances".

Soldiers Information	**Soldiers Unit Information**
Name (Last, First MI): Rank/Grade: SSN: AKO Email Address: @us.army.mil Component: ☐ AC ☐ USAR ☐ ARNG Current Pac End Date:	Unit Name: UIC: Phone #: Address: City: State: Zip: Pay Specialist Name: Email Address:

Soldiers Justification For Extension
Explain the extraordinary circumstances to qualify for an extension. See MILPER MSG 11-163

Case Manager's Certification
Medical diagnosis and current treatment plan

Case Managers Name (Last, First MI):

Phone Number: Email:

	Estimated Treatment Dates		
	Date Hospitalized For Condition	Date Projected Treatment End	Theater Related

Validate current conditions that is preventing the Soldier from returning to duty:

	Yes	No
Primary Condition: Current Status/Treatment:	☐	☐
Additional Condition: Current Status/Treatment:	☐	☐
Additional Condition: Current Status/Treatment:	☐	☐
Additional Condition: Current Status/Treatment:	☐	☐
Additional Condition: Current Status/Treatment:	☐	☐
Additional Condition: Current Status/Treatment:	☐	☐

Commanders Recommendation

Name (Last, First MI):   RECOMMEND APPROVAL ☐
Rank/Grade:
Email:
Phone Number: RECOMMEND DISAPPROVAL ☐

COMMANDER'S SIGNATURE   DATE:

Soldiers Name (Last, First Mi):

Rank/Grade:
SSN:

Army PAC Program Office			

AHRC-PDR-C

Reviewed by: LTC Donald L. Deas, Branch Chief
Email: ahrcpac@conus.army.mil

☐ RECOMMEND APPROVAL

☐ RECOMMEND DISAPPROVAL

Pay History:

Start Date	End Date	Comments	

Comments**:**

SIGNATURE: DATE:

ARMY G1

☐ RECOMMEND APPROVAL

☐ RECOMMEND DISAPPROVAL

Comments:

REVIEWED BY: (Last, First MI):

SIGNATURE   DATE:

OSD

☐ APPROVE

☐ DISAPPROVE

Comments:

NAME: (Last, First MI):

SIGNATURE   DATE: