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# ACTIVE DUTY OFFICERS (INCLUDING AGR)

tps://myforms.ecms.army.mil/wps/PA\_1\_QMPTCI9308620027E4HV2H10G4/DownloadFormServlet?field.for - Windows Internet Explorer



| This form is subje   | EQUEST AND AUTHO<br>ct to the Privacy Act of 1974<br>ponent agency is DCS, G-1. | . For use of this form, see | e AR 600-8-10.<br>/erse.)   | 1. CON              | IROL NUMBER   |           |
|--|---|-----------------------------|-----------------------------|---------------------|---|-----------|
|  |   | PART                        |                             |                     |   |           |
| 2. NAME (Last, First, Mid  | ddle Initial)   | 3. SSN                      | 4. RANK                     |                     | 5. DATE   | Date      |
| 6. LEAVE ADDRESS (St<br>Phone No.)   | reet, City, State, ZIP Code a   | and 7. TYPE OF LEA          |                             | A Co, T<br>Fort Jac | N, STATION, AND P<br>SB, 10000 Hamp<br>ckson, SC 29207<br>51-8141 |           |
| 9.   | NUMBER DAY  | 'S LEAVE                    |                             | 10.                 | DATES   |           |
| a. ACCRUED   | b. REQUESTED  | c. ADVANCED<br>NA           | d. EXCESS<br>NA             | a. FROM             | Date b. TO  |           |
| 11. SIGNATURE OF REQ   | UESTOR 12. SUE  |                             | ATION/SIGNATURE<br>APPROVAL |                     | URE AND TITLE OF<br>G AUTHORITY                                   |           |
| / n.a  |   | / n.m                       |                             |                     | /   |           |
| 14.  |   | DEPARTU                     |                             |                     |   |           |
| a. DATE <u>Date</u>  | b. TIME   | c. NAME/TITLE/SIGNATU       |                             | JTHORITY            | / nac -   |           |
| 15.  |   | EXTENSIO                    | NC                          |                     |   |           |
| a. NUMBER DAYS   | b. DATE APPROVED Date   | c. NAME/TITLE/SIGNATU       | JRE OF APPROVAL AU          |                     | / n.u   |           |
| 16.  |   | RETUR                       | N                           |                     |   |           |
| a. DATE <u>Date</u>  | b. TIME   | c. NAME/TITLE/SIGNATU       | URE OF RETURN AUTH          | ORITY               | / ·   |           |
| 17. REMARKS  | 17. REMARKS   |                             |                             |                     |   |           |
|  |   | Charo                       | eable leave is from         |                     | Date  | Date      |
| PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL  |   |                             |                             |                     |   |           |
| 18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will<br>return to home station <i>(or location)</i> designated by military orders. You are directed to report to the Aerial Port of Embarkation <i>(APOE)</i> for<br>onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave.<br>Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a<br>copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your<br>commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.<br>19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: |   |                             |                             |                     |   |           |
|  |   |                             |                             |                     |   |           |
|  | servations in CONUS call th   | 10                          | 10                          |                     |   |           |
|  | nbox - Micros 🛛 📙 PCS Le  | ave Brief 👘 🖉 Army Know     | wled 🧢 My Forms or          | 1 🦯 🦯 htt           | tos://myfor 👘 🚺   | Document1 |

### DOCUMENTS NEEDED TO COMPLETE PACKET

### DA 31 Attachments

### Regular PCS:

One copy of orders to include amendments & TDY Orders LES Flight Itinerary TRIPS (https://safety.army.mil/) POV Inspection Safety Contract

Note:

If you select PTDY a statement will be generated in the remarks section of the leave form (BLOCK 17). However you must annotate which days are Ordinary leave and which are PTDY.

### PCSing overseas (NOT INCLUDING US Territories):

Documents for Regular PCS DA Form 4187 Anti-terrorism Level 1 Certificate (https://atlevel1.dtic.mil/at/)

### **Blackbird Request form:**

For those individuals without orders or awaiting a School en route to PCS Location

### **DOCUMENTS NEEDED TO COMPLETE PACKET**

### DA 31 Attachments

### <u>HRAP</u>

Documents for Regular PCS HRAP Memo

Note:

(1) Memo needs to be signed by the active duty Station Commander of the active duty recruiting station at which you plan to conduct HRAP duties, and the Battalion Executive Officer (XO) for that active duty station. (see example (Student S-1))

(2) Include this statement in BLOCK 17 (Remarks) of the leave form: I read and understand the statement in Table 5-16, step 3 in AR 600-8-10. (Initials JAD). Approved HRAP Dates: DD/MM/YR – DD/MM/YR. Recruiting CMD Signature\_\_\_\_\_. A Co CDR telephone: 803-751-8188

# ADMIN NOTES (PTDY)

(1) Soldier is authorized to take PTDY for house hunting for CONUS assignments:

- a. en route together with leave and travel
- b. after arriving at gaining station

(2) The BN CDR will authorize up to 10 Days PTDY for House Hunting

(3) The gaining command Overseas (OCONUS) has approval authority for PTDY.

(4) Soldier must report to the gaining on-post housing office prior to starting house hunting. Failure to do so will result in Soldier being charged leave for entire period.

(5) Refer to AR 600-8-10 Para 5-32 for additional information



# RESERVE & NATIONAL GUARD OFFICERS

### (NOT INCLUDING AGR)

### **Documents needed for Signing out:**

Certificate of Performance Leave Statement Certification (Attach Leave form if applicable) Itinerary TRIPS POV Inspection Safety Contract

| INDIVIDUAL ACTIVE DUTY   |   |  |  |  |
|--|---|--|--|--|
| CERTIFICATE OF PERFORMANCE   |   |  |  |  |
| (SEE AHRC FORM 3925 FOR INFORMATION ON BASE PAY AND ALLOWANCES.)   |   |  |  |  |
| DATA REQUIRED BY THE PRIVACY ACT OF 1974 U. 8. Code, Title 37, Section 101 and following. PRINCIPAL PURPOSE: To certify duty performed as ordered for compensation IAW DOD 7000-14-R, Vol 7A1 and Internal controls as a Reserve Component soldier. ROUTINE USE 8: To specify and certify as correct the performance of duty. EFFECT OF FAILURE TO PROVIDE Failure to disclose the requested information may delay the payment of compensation. REQUESTED INFORMATION: |   |  |  |  |
| CERTIFICATIO   | N PROCEDURES  |  |  |  |
| If Soldier is:   | then submit:  |  |  |  |
| Performing individual AT/ADT/ADSW of less than 30 days   | A Certificate of Performance (AHRC Form 3924) on the last<br>duty day or no later than 5 days after duty performance to the<br><b>Pay Processing Office cited in your order</b> .<br>TPU members file through unit administrator. |  |  |  |
| Performing individual AT/ADT/ADSW of 30 days or more   | A Certificate of Performance (AHRC Form 3924) monthly to<br>arrive at the Pay Processing Office cited in your order NLT<br>the 10th of the month following each month of duty.  |  |  |  |
|  | A final certificate of performance is required NLT 5 days after<br>tour completion.   |  |  |  |
| Date JUL 10  |   |  |  |  |
| I certify that 2LT JANE A. DOE 987- 56-0321  |   |  |  |  |
| I certify that 2LT JANE A. DOE   | 987- <u>5</u> 6-0321  |  |  |  |
| Toerdity that  | 8 8 N   |  |  |  |
| RANK NAME  | 8 8N<br>ed in order #T <u>- 04-023575</u>   |  |  |  |
| completed <u>84</u> days of the active duty period specifi   | 8 8N<br>ed in order #T <u>- 04-023575</u>   |  |  |  |
| completed <u>84</u> days of the active duty period specifi<br>HQ, U.S. Army Human Resources Command - St. Louis, dat   | ed in order #T <u>- 04-023575</u>   |  |  |  |
| Completed <u>84</u> days of the active duty period specific<br>HQ, U.S. Army Human Resources Command - St. Louis, dat<br>Inclusive dates of duty performed are <u>9 JUN 10</u><br>Soldier's Signature <u>Jane A. Doe</u><br>THE CERTIFYING OFFICIAL MUST HAVE PER<br>SUPPORTING THE FACT THAT THE DU   | ed in order #T <u>- 04-023575</u><br>ed <u>13 MAY 10</u><br>to <u>31 AUG 10</u> (including travel).   |  |  |  |
| RANK       NAME         completed84  | ed in order #T <u>-04-023575</u><br>ed <u>13 MAY 10</u><br>to <u>31 AUG 10</u> (including travel).<br>Date <u>DATE OF SIGNATURE</u><br>RSONAL KNOWLEDGE OR DOCUMENTATION  |  |  |  |
| RANK       NAME         completed84  | ed in order #T <u>- 04-023575</u><br>ed _13 MAY 10<br>to to31 AUG 10 (including travel).<br>Date <u>DATE OF SIGNATURE</u><br>RSONAL KNOWLEDGE OR DOCUMENTATION<br>TY WAS SATISFACTORILY PERFORMED.                                |  |  |  |
| RANK       NAME         completed84  | ed in order #T <u>- 04-023575</u><br>ed _13 MAY 10<br>to 31 AUG 10 (including travel).<br>Date <u>DATE OF SIGNATURE</u><br>RSONAL KNOWLEDGE OR DOCUMENTATION<br>TY WAS SATISFACTORILY PERFORMED.                                  |  |  |  |
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| RANK       NAME         completed84  | ed in order #T <u>- 04-023575</u><br>ed _13 MAY 10<br>to 31 AUG 10 (including travel).<br>Date <u>DATE OF SIGNATURE</u><br>RSONAL KNOWLEDGE OR DOCUMENTATION<br>TY WAS SATISFACTORILY PERFORMED.                                  |  |  |  |

#### DEFENSE MILITARY PAY OFFICE

### DFAS-IN/EM-MB

### MEMORANDUM FOR RECORD

SUBJECT: Leave Statement Certification

| THIS IS | YOUR | UNIT | OF | ASSIGN | MENT |
|---------|------|------|----|--------|------|
|         |      |      |    |        |      |

| DOE, JANE A. | 987- 56-0321 | 2LT  |               |
|--------------|--------------|------|---------------|
| PRINT NAME   | SSN          | RANK | ORIGINAL UNIT |

#### **DA 31 Chargeable Dates**

| From _ |                                       | То                         |   |                   |  |
|--------|---------------------------------------|----------------------------|---|-------------------|--|
| From _ |                                       | То                         |   |                   |  |
| From _ |                                       | То                         |   |                   |  |
| From _ |                                       | То                         |   |                   |  |
| From _ |                                       | То                         |   |                   |  |
| X      | I (certify I) did not take any leave. |                            |   |                   |  |
|        | I request transition leave for        | <sup>·</sup> days accrued. |   | # of days accrued |  |
| X      | I request to cash-in leave fo         | r days accrued.            | 7 | # of days accrued |  |

I certify that this payment will not cause me to be paid for more than 60 days of accrued leave in my military career since February 10, 1976. (Period includes time as a member in the regular army and as a member in the Reserve components.) I understand that any overpayment (days exceeding the 60 day limitations) may be subsequently collected or repaid.

I request to transfer my accrued leave from RC to AC account.

Jane A. Doe SIGNATURE Service Member

DATE OF SIGNATURE DATE

COMMANDER SIGNS HERE SIGNATURE Commander

DATE OF SIGNATURE DATE

### **ADMIN NOTES FOR ALL OFFICERS**

### **Signing Out**

The day before or the day of graduation, the Student S1 will pick up student files (personnel records) and a blank DA Form 647 from the Alpha Company Orderly Room. The Student S1 will pass out all folders to the students and have all students sign out on the DA Form 647. The Student S1 will turn in the S1 book and the completed DA Form 647 to A CO before leaving the area after graduation.

Your Student Advisor will sign out all Active Duty Soldiers on their DA Form 31. If Active Duty Soldiers are signing out <u>after</u> <u>duty hours</u>, they will sign out at the Staff Duty desk (SSI Bldg 10K) in uniform or in civilian clothes.

\*\*Make sure you take the Original DA 31 packet (NOT A COPY) with you to your follow on assignment; DO NOT let the staff duty officer or NCO keep your PCS Leave packet.

Once Reserve or National Guard Soldiers sign out on the 647 the day before or the day of graduation, they **DO NOT** have to sign out anywhere else after graduation.

## QUESTIONS