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REQUEST FOR ACCELERATED PAYMENT OF SRB - HARDSHIP OR COMPASSIONATE

For use of this form, see AR 601-280; the proponent agency is MILPERCEN

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Section 308, Title 37, US code, as amended by public law 93-277. Armed Forces Enlisted Personnel Bonus Act of 1974, 10 May 1974.

PRINCIPAL PURPOSE: To obtain data on service member's financial condition.

ROUTINE USES: As a source document for the personnel manager to determine propriety of accelerated payment of Selective Reenlistment Bonus (SRB) to enlisted applicants.

DISCLOSURE: Voluntary. However, failure to provide any or all of the requested information may result in the personal manager not having sufficient information on which to base an approval of the enlisted member's request.

SECTION A - (To be completed by requestor)

1. NAME (Last, First, MI) 2. SSN 3. GRADE 4. MOS 5. DATE

6. DATE AND LENGTH OF REENLISTMENT 7. NUMBER OF DEPENDENTS 8. UNIT AUTOVON NO.

9. HAVE YOU SUBMITTED ANY PREVIOUS REQUESTS FOR ACCELERATED SRB YES NO

IF SO, WHAT ACTION WAS TAKEN ON YOUR REQUEST? ☐ APPROVED ☐ DISAPPROVED ☐ RETURNED WITHOUT ACTION

10. INDIVIDUAL/FAMILY INCOME (Ref Col 5. LES)		AMOUNT	11. COLLECTIONS (Ref Col 8. LES)			AMOUNT
<i>a</i>		<i>b</i>	<i>a</i>			<i>b</i>
a. BASIC PAY			a. FEDERAL INCOME TAX			
b. QUARTERS ALLOWANCE			b. FICA			
c. RATIONS/VHA			c. SOLDIER'S HOME/SGLI			
d. PRO PAY			d. AER/CFC CONTRIBUTIONS			
e. SPOUSE'S MONTHLY INCOME			e. INSURANCE (COL 7, LES)			
TOTAL			TOTAL			
12. ALLOTMENTS, ADVANCE PAY(s) & EXPENDITURE (s)	PURPOSE	BALANCE REMAINING	MONTHLY PAYMENT	DATE INCURRED	DATE TO LIQUIDATE	
<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	
a. RENT/HOME PAYMENT						
b. FOOD						
c. AUTO UPKEEP/FUEL						
d. AUTO INSURANCE						
e. OTHER INSURANCE						
f. UTILITIES (including phone)						
g.						
h.						
i.						
j.						
k.						
TOTAL						

13.

I, _____, REQUEST IMMEDIATE PAYMENT OF _____

(SIGNATURE) (NUMBER)

ACCELERATED INSTALLMENT(S) OF MY REMAINING SRB/VRB. A TOTAL OF \$ _____ TO BE USED FOR THE FOLLOWING PURPOSE:

SECTION B - (To be completed by servicing FAO)

14.

A REVIEW OF _____ SSN _____ PERSONAL FINANCE
RECORD REVEALS THE FOLLOWING INFORMATION: GROSS SRB/ENTITLEMENT _____
AMOUNT PAID EM \$ _____ BALANCE DUE EM \$ _____ SRB/DENIGATOR _____

TYPED NAME/SIGNATURE

DATE