

PAY ADJUSTMENT AUTHORIZATION,			<i>NOTE: If member has been transferred, forward this authorization to the officer currently maintaining the member's pay record.</i>			
MEMBER (Last name) (First) (Middle)			FILE/SERVICE NO./SOCIAL SECURITY ACCT. NO	GRADE/RANK/RATE	BRANCH OF SERVICE	DATE
PAY GRADE NO.	LAST PAY RECORD EXAMINED(if applicable)	AMOUNT	APPROPRIATION DATA			
FROM			NAME OF ACCOUNTABLE D. O.			
			SYMBOL NO.		G.A.O. EXCEPTION CODE	
(Include ZIP Code)			YOU ARE HEREBY AUTHORIZED TO			
TO			<input type="checkbox"/> CHARGE <input type="checkbox"/> CREDIT			
			THE MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE			
EXPLANATION AND/OR REASON FOR ADJUSTMENT						
<p><i>The above adjustment is based on a thorough examination of all available records. If the Disbursing Officer has knowledge that a previous adjustment has been made or why the adjustment should not be made for the same item, this authorization should be returned with a brief statement of the reason for failure to make adjustment.</i></p>						
FROM			CERTIFYING OFFICER (name rank/grade, and signature)			
<p><i>I CERTIFY that the adjustment indicated above has been entered on the above-named member's Military Pay Record, (If adjustment has not been entered, give explanation on reverse over D.O.'s signature and symbol number.)</i></p>						
(Include ZIP Code)			TYPED NAME AND GRADE OF D.O.			
TO			D.O. SYMBOL NO.		DATE	
			SIGNATURE			