



ESTIMATED EARNINGS DURING MILITARY SERVICE

**INSTRUCTIONS:**

SUBMIT THIS FORM TO THE APPROPRIATE MILITARY FINANCE CENTER FOR YOUR BRANCH OF MILITARY SERVICE. IF YOU HAVE SERVICE IN MORE THAN ONE BRANCH OF THE MILITARY, YOU MUST REQUEST EARNINGS FOR EACH PERIOD FROM THE APPROPRIATE BRANCH. ATTACH DD 214 OR EQUIVALENT AND ANY AVAILABLE RECORDS OF PAY OR PROMOTIONS. IF YOU DO NOT HAVE A DD 214 OR EQUIVALENT, OBTAIN A SF 180 (Request Pertaining to Military Records), FROM YOUR PERSONNEL OFFICE AND HAVE YOUR SERVICE VERIFIED BEFORE FORWARDING THIS FORM TO THE PAY CENTER. THE PAY CENTER CANNOT PROVIDE ESTIMATED EARNINGS UNLESS VERIFICATION IS ATTACHED.

TO:	Employee Name (Last, First, Middle)	
	Other Names Used	
	Social Security Number	Date of Birth
	Military Service Number	
	Branch of Service	

The uniformed services must provide estimated pay by Nonappropriated Fund Employees (NAF) for military service after December 31, 1956, for the purpose of making a deposit to the U.S. Army NAF Employee Retirement Plan for retirement service credit. Please provide the estimated basic pay earned by the above named employee. Do not include (combat pay, flight pay etc.)

Signature of Requestor	Relationship to employee	Date
	Employee is requestor	
	Survivor is requestor	
	Other	

Active military service after Dec. 31, 1956 (Dates below must be based on DD 214 or equivalent certification)	TO BE COMPLETED BY AUTHORIZED OFFICIAL
	Estimated Earnings (Base Pay) (Do Not provide estimated earnings for any period of service prior to January 1, 1957)

From (Mo, Day, Yr)	To (Mo, Day, Yr)	From (Mo, Day, Yr)	To (Mo, Day, Yr)	Rate of Basic Pay	Earnings	Type of Discharge
					\$	
					\$	
					\$	
					\$	
					\$	

1. If period of service began before & ended after 12/31/56, enter date service actually began (Mo, Day, Yr)	2. Lost time	None			
		Number of Days _____			
	Inclusive Dates	From (Mo, Day, Yr)	To (Mo, Day, Yr)	From (Mo, Day, Yr)	To (Mo, Day, Yr)

Signature of authorized official furnishing estimate	Date	Telephone Number including area code
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Typed Name of Authorized Official	Title of Authorized Official
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Return Completed Form to:	
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Name (Last, First, Middle)	Address	Street	City	St	Zip
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