United States Air Force Reserve

Integrity - Service - Excellence

Military Pay



U.S. AIR FORCE



Overview

- Reserve Pay Office
- myPers
- IMA Welcome Package
- Completing Pre-Cert AF938 for a Long Tour
- Completing Close-Out AF938 for a Short Tour
- Methods to submit orders for Pay (TODC)
- UTAPS
- All other inquires (excluding travel) submit to RPO
- HQ RIO/RPO Leave Carry-Over
- Setting up MyPay



- Processes all IDT, MPA, RPA, AT Orders for Pay
 - Pay not started by orders approval
- Forward all pay/leave requests using myPers thru our website page:
 - One ticket per request, do not bundle issues
 - Phone: 1-800-525-0102 , DSN 665-0102
 - Website: <u>http://www.arpc.afrc.af.mil/HQRIO/IMA-RPO.aspx</u>
- All IRs must use HQ/RIO Reserve Pay Office (RPO) as their finance office according to AFMAN 65-116 Vol III.

Reserve Pay Office (RPO) services all salary & leave issues—NOT TRAVEL



HQ RIO RPO Website:

http://www.arpc.afrc.af.mil/HQ RIO/IMA-RPO.aspx



HQ RIO RPO Website

	Home	Resources	Travel	Pay	/
	Detachments	Training	Vacancies	Force D	pment
	Awards & Boards	Benefits & Entitlements	Orders Writer Cell	Activation &	ployments
~	lote: If accessing this page from IS, use Ctrl+F5)	m a .mil computer, you may need t	o refresh the browser cache to see	the latest conte	Windows
F	NANCE AND PAY RESOL	JRCES			
8	Pay Processing Time Submit pay documer	es nts via myPers			
	As of 15 Oct 18, submis email, AMRDEC, or fax	ssions to the Reserve Pay Of	fice (RPO) will no longer be	accepted from	
	The MyPers case mana and executed within me	gement system will ensure c asurable timelines to ensure	ustomer submissions are ve quality customer service	rified, tracked,	
	If you have grossly age ticket #. The Det will co	d items, please contact your ntact the HQ RIO for oversigi	assigned detachment with yo ht/updates.	our MyPers	
	Please be advised that documents, or delayed reimbursement.	submitting incorrect/incomple responses to technician follo	ete packages, omitting key su w-up requests will delay your	upporting r final	
	Key training and require at the HQ RIO Website	ed submission documentation	a can be found on the RIO Co	onnect App and	E .

Choose from the links below to submit your reserve pay request. No travel requests are to be submitted here.

IMA RPO Requests	BAH AF Form 594, BAH Waiver, Clothing/Uniform Allowance, IMA RPO Welcome Packages, Misc. inquiries
Leave Request	AF Form 988 Part 1, AF Form 988 Part 3, Leave Carryover, Leave Sell Back, Other leave inquiries
Short Tour Request	MPA/RPA Orders less than 30 days, Annual Training, Cost of Living Allowance (COLA)
Long Tour Request	MPA/RPA Orders greater than 29 days, Pre-certified & Close-out CONUS/OCONUS orders, Temporary Lodging Allowance (TLA), Move in Housing Allowance (MIHA), Cost of Living Allowance (COLA), Overseas Housing Allowance (OHA)



HQ RIO RPO Website

Pay Guidance

- AROWS-R User Guide
- AROWS-R Quick User Guide
- AF Form 40A
- Tour of Duty Certification Instructions
- 2017 AFRC Critical Skills List
- BAH Recertification Guide
- BAH Guidance-Short Tour and Long Tour
- Orders Certification Example
- FY18 AFRC Health Professions Special and Incentive (HPS&I) Pay memo
- FY18 AFRC Health Professions Special and Incentive (HSP&I) Pay Plan

Pay Forms

- IMA Reserve Pay Office Welcome Package
- IMA Reserve Pay Office Welcome Package (Example)
- AF 4010 Application for IMA Enlisted Bonus and Incentive
- AF1962 Election of Reserve Pay and Allowances or Benefits from Prior Military Service
- AF Form 1745 Address Change Form (New IRs only)
- DD Form 1561 Family Separation Allowance
- AF IMT 988 Leave Request and Authorization
- DD Form 2058 State of Residence
- Employee's Withholding Allowance (W-4)
- AF Form 594 Start/Stop/Change BAQ
- Direct Deposit (Change via MyPay) (Initial hire only)
- SGLV 8286 Servicemembers' Group Life Insurance
- COLA Form
- DD 2367, Individual Overseas Housing Allowance

Leave Carryover Guidance

- Leave Sellback Guidance
- Contingency Pay Guidance
- □ Contact IMA Reserve Pay Office



IMA Welcome Package for In-processing



MILITARY PAY IN-PROCESSING PACKET

CHECKLIST OF REQUIRED DOCUMENTS FOR MILITARY PAY

NAME:	SSN:	DATE:	
PHONE NUMBER: ()	EMAIL:		
SIGNATURE:			

*** ALL FORMS ARE REQUIRED FOR MILITARY PAY IN-PROCESSING*** </BRING OR INCOMPLETE FORMS WILL RESULT IN A DELAY OF YOUR PAY>

PLEASE INITIAL NEXT TO EACH FORM INCLUDED IN YOUR PACKET
1. DD 1288 OR APPOINTMENT ORDER
2. DIRECT DEPOSIT FORM (SF 1199A)
3. W-4 FEDERAL TAX WITHHOLDING
4. STATE OF LEGAL RESIDENCE CERTIFICATE (DD 2058)
5. SGLI-SERVICE GROUP LIFE INSURANCE (see note below)
6. ADDRESS CHANGE FORM (AF 1745)
7. BASIC ALLOWANCE FOR HOUSING (AF 594)
*MUST INCLUDE MARRIAGE CERTIFCATE OR CHILD(REN) BIRTH CERTIFICATE IF APPLICABLE
8. BENEFITS WAIVER (AF 1962)
9. DD 214 – FOR ALL PRIOR SERVICE DATES

***Please visit https://www.benefits.va.gov/insurance/SOES.asp to complete SGLI election



Per AFRC/A1KK, new accessions who do NOT submit either an SGLV 8286 or SOES certificate as part of their <u>welcome package</u>, will AUTOMATICALLY be setup for the \$400,000 SGLI premium.

The only personnel authorized to complete hardcopy SGLV 8286 election form are newly accessed members who wish to decline coverage or less than \$400,000 coverage.

Note: Electing a coverage in SOES is still a requirement for SGLI coverage.

SOES link: https://milconnect.dmdc.osd.mil/milconnect/



I am free to name anyone I want as my beneficiary. I understand if I am married and have designated someone other than my spouse
or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my
spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits. If declining or reducing SGLI coverage, I have received the appropriate general information concerning life insurance from my Unit Personnel Clerk.

Service Member Signature	Social Security Number (Date (MM, DD, YYYY)
Address Submit this form to your Unit Personnel Clerk. By counseled the Service Member in regards	Ang this section the Unit Personnel Clerk acknowledges that they haveormation provided on page 4 of this form.
For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk	Representative
Rank, title or grade	Approve
Contact telephone/email	Disapprove
Date	Date
Address	
010.094 Ed. 12/2016	SGLV 8286 Page 2 of 4



IMA Welcome Package

All forms need to be filled out completely and signed

Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury Department Treasury Dept. Cir. 1076

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- To sign up for Direct Deposit, the payee is to read the back of this form The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.

OMB No. 1510-0007

- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
 - SECTION 1 (TO BE COMPLETED BY PAYEE)

Section	JN TTO DE CC	
A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS
		E DEPOSITOR ACCOUNT NUMBER
ADDRESS (street, route, P.O. Box, APO/FPO)		
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check only one)
TELEPHONE NUMBER		Supplemental Security Income MIL Active
B NAME OF PERSON(S) ENTITLED TO PAYMENT		VA Compensation or Pension Other AF Reserve Pay (specify)
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)
SSN:		TYPE AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION	N	JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)
I certify that I am entitled to the payment identified abov read and understood the back of this form. In sig authorize my payment to be sent to the financial institu to be deposited to the designated account.	ve, and that I have pring this form, I ution named below	I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
TURE)	DATE	SIGNATURE DATE
SIGNATURE	DATE	SIGNATURE DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

	,
GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

NAME_OF FINANCIAL INSTITUTION			
I confirm the identity of the above-named pavee	FINANCIAL INSTITUTION CERTIFICATION	tive of the above-named finan	cial institution. I
certify that the financial institution agrees to rec 210.	eive and deposit the payment identified above in a	ccordance with 31 CFR Parts	240, 209, and
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
NA	NA	NA	NA
Financial THE FINANCIAL INSTITUTION SHO	institutions should refer to the GREEN BOOK for further instru ULD MAIL THE COMPLETED FORM TO THE GOVERNME	INTINGENCY IDENTIFIED ABOVE.	
	DAVEE CODY		

NSN 7540-01-058-0224 PAYEE COPY 1109-207 Designed using Perform Pro, WHS/DIOR, Mar 97



IMA Welcome Package

Beside requiring a signature...some forms may require additional documentation:

APPLICATION DETERMINATIO	& AUTHORIZATION TO N/REDETERMINATION	O START, STOP OR CHANGE BASIC A	ALLOWANCE FOR HO IS ASSIGNED/TERMIN	USINGOR RECERTIFICAT ATING UNACCOMPANIED	ON OR DEPENDENCY PERSONNEL HOUSING
UTHORITY: 37 US URPOSE: To start betermination/Rede OUTINE USE(S): ax deducted, Depai oossible vidations o oossible vidations o oossibl	SC 403, Public Law 96- . adjust or terminate mi termination or ESM sta Information may be dis- fine law, the American of a member or depeno- tor allotment information antary. However, failure DT ADEMTERATION	343, EO 3397 Illary member's entitlement to BAH or to trictato por eligible members E6 and belo closed to the interna Revenue Service I st or education and group Ille insurance Red Cross for information concerning to red service in structures, for deposit to provide all information including Soc N& BUTY (C6 TDN)	provide required Entitle w assigned/terminating or tax information on m information, and the De he needs of the membe sification of loan applica s and/or payments. Ial Security Number (S:	ement Recertification or Dep unaccompanied personnel embers Social Security Ad- epartment of Justice for inve- r or dependents emergency stitons, state and local goven SNJ may result in nonpayme LOODING DEFICI	endency housing. inistration or information or stigating or prosecuting situations, the Air Force sments for lax and welfare nt of BAH
1. NAME (Last First	MI)	Na DOTT LOCATION	NON AVAILAR	I ITVIACCIONMENT/TEDM	NATION OF OUADTEDS
2 664	3 GRADE	4 DHONE	QUARTERS ARE N	DT ASSIGNED DATE:	NATION OF QUARTERS
			ADEQUATE QUART EFFECTIVE DATE:		MINATED INIT#
SA. DUTY LOCATIO	N (Blase, State, ZIP Code (ar Coun iny)	EFFECTIVE DATE:		RMINATED JNIT#
SB. E-MAIL ADDRES	\$\$		TRANSIENT QUAR	ERS OCCOPIED - UNIT #	-
	APT B . MADITAL IDE	PENDENT STATUS	Brec live DATES	mum.	10:
		SINGLE, CLAIMING DEPENDENT(S)	TTLE		
IFMILITARY SPOU OF MARRIAGE:	SE - NAME, SSN, BRANC	H OF SERVICE, STATION AND DATE	SIGNATURE	Click to sign	
DIVORCED	(Dane) PARENTS: I PAY 1 DIVORCE DECREE 1	LEGALLY SEPARATED (Owb) THE FULL AMOUNT OF WITH-DEPENDEN D COURT ORDER C. LEGAL SEP/	T RATE BAH, OR S	.00 PER MONTH I DR d. WRITTEN AGREEN CUSTODIAN	OR DEPENDENT SUPPORT
8.1 CLAIM BAH	FOR THE DEPENDENT civilian dependent(s) yo	IN NOTIN MY LEGAL AND PHO u are claiming and the relationship (i.e., dependents in Part C below. If dependent	SICAL CUSTODY LISTE spouse, minor child, in nlfsl is a child, include	D BELOW (Effective Date): capacitated child, stepchild (the date of birth/DOB).	or parent). For other than
(a) NA	ME (Last, First, MI)	(b) ADDRESS, CITY, STATE	ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
9. IF DEPENDENT N	AMED ABOVE IS A CHIL	D WHOSE PARENT IS A MILITARY MEMB	ER OR THE SPOUSE OF BRANCH O	AMEMBER PROVIDE THE F	OLLOWING STATION
		PART C- MEMBER'S CERTIFICATIO	N (For members with o	lependents)	
l certify that I p support the ab	rovide adequale suppo ove named dependents CATION FOR MEMBERS	t (see AFI 36-2906 and JFTR ch 10) for will result in stopping BAH, and recoupi RECEIVING BAH FOR SECONDARY DEP	the dependents named ng allowances paid for a ENDENTS (package mus	labove. I am aware that failu any prior periods of nonsupp t be sent to DFAS-IN for dete	re to adequately ort mination).
(Parents, paren 21, or Ward of I certify that the I understand the statement or ci- connection with well as any cha- appropriate reco	nts-in-law, stepparents, a court). is is my first application hat my failure to comply laim against the US Go h a claim is a maximum anges in my housing ar quirements may cause	perents-by-adoption, or in-loco-patentis, perents-by-adoption, or in-loco-patentis, with the applicable requirements may ne- remment is punishable by court martial time of \$11,000 or imprisonment for 5 y arangements immediately to the Financia involutiary collection of any resulting in	Students 21 and 22 years wir last application was esult in cancellation of and thatthe penalty for ears, or both. I will reput il Services Office (FSO) debtedness retroactive	filed. my BAH. Furthermore, 1 unc willfully making a false cibi of any changes of depende). I also understand that my to the dale the entitlement t	d _l en over age lerstand that making a fals m, or false statement in nt's status or residence, as failure to comply with ecame enoneous.
MEMBER'S SIGNA	TURE	15 511	Mit Kal		DATE
AE Earm Elde 200	20720	DREVIOUS EDITIO	LIS OPPOLETE		



Certifying Your 938



Completing your AF 938 (Start Your Pay)

FOR THE PRE-CERTIFICATION OF >=30 DAYS OR MORE ORDER

31. DE	PARTMENT OF TH	HE AIR FOR	CE (Enter d	esigna	ation and	location	TDN: FO	R THE CO	MMAN	DER	CSEDU.
of head ARPC S	quarters.) WC						35. AUTHORIZING/ORDER ISSU	ING OFFICI	AL (Title	e and Sign	HOLE CON
HQ ARI	PC BUCKLEY AFB	3, CO 80011									
										[₹[6
							include travel days				OFFICIAL
32. RES	ERVE ORDER NO.	33. DATE		34	. DISTRIB	UTION	here (if in block 1	1).			. //
		20150605					nere (ii iii bioek i				
36.					STATE	EN EN TO	F TOUR OF DUTY				
	LOCATIC	N	HOUR (mil)	DAY	MONTH		LOCATION	HOUR	DAY	MONTH	MODE OF TRAVEL
a. DEPART	HOR		0900	6	Jun	b. ARRIVE	Duty Location	1900	7	Jun	PA
C.						d.					
DEPART						ARRIVE					
37. I ce	rtify that I have com	nplied with th	e above ord	er. Th	e stateme	ents		CERTIFIC	ATION		
on this	form are true and c	omplete. If	a Federal Ci	vil Ser	vice Empl	oyee,	40. Member reported for duty at	0730	hours o	ⁿ 8 Jur	and was released
I certify	that I have applied f	for appropriat	^{te leave} .Ciı	cle v	what a	oplies	from duty at hours on			-)	-
My Spo	use (Circle One) w	vas was not	in Active Du	ty stat	us during		41. CERTIFYING OFFICIAL'S PR	RINTED NAM	1E		42. DSN
this tou	r. ,	\smile		-	0						
I (Circl	le One) did did no	occupy gov	/'t quarters.				Mary Thompson				555-0111
38. MEM	BER'S SIGNATURE			39. E	DATE		43. CERTIFYING OFFICIAL'S SI	GNATURE			44. DATE
9	Iohn Smith			15	<u>06 08</u>		Mthompson				150608
47. TIME	KEEPER STATEME	NT I certify re	eceiving a co	py of th	nis order fo	or 🔪	45. TIMEKEEPER SIGNATURE		_		
civilian pa	ay related review an	a processing	·			•	Must be dated	on or a	tter s	start da	ate



FOR SHORT TOUR < 30 DAY ORDER, ITS PROCESSED AFTER THE COMPLETION OF THE TOUR

31. DE	PARTMENT OF T	HE AIR FOR	CE (Enter d	esigna	ation and	location	TDN: FC	OR THE CO	MMAN	DER	CREDU
of head ARPC S HQ ARI	lquarters.) WC PC BUCKLEY AFE	3, CO 80011					35. AUTHORIZING/ORDER ISS		IAL (Title	e and Sign	OFFICIAL
32. RES	ERVE ORDER NO.	33. DATE 20150605		34	. DISTRIB	UTION	here (if in block 1			()	
36.					STATE	INEN' C	OF TOUR OF DUTY				
	LOCATIO	N	HOUR (mil)	DAY	MONTH		LOCATION	HOUR	DAY	MONTH	MODE OF TRAVEL
a. DEPART	HOR		0900	6	Jun	b. ARRIVE	Duty Location	1900	7	Jun	PA
c. DEPART	Duty Loc	ation	1700	20	July	d. ARRIVE	HOR	1500	21	July	PA
37. I ce	rtify that I have con	nplied with th	e above ord	er. Th	ie stateme	ents		CERTIFIC	ATION		<u>_</u> 3rd Travel Day
on this I certify	form are true and o that I have applied	complete. If for appropriat	a Federal C te leave. <mark>Ci</mark> i	ivil Ser r <mark>cle 1</mark>	vice Empl what ap	oyee, oplies	40. Member reported for duty at from duty at 1630 hours on	^t 0730 20 Jul	hours o	n 8 Jui	n and was released
My Spo	use (Circle One) v	wastwas not	in Active Du	ty stat	us during	-	41. CERTIFYING OFFICIAL'S P	RINTED NAM	ΛE		42. DSN
this tou I (Circ	r. le One) did/did no	occupy gov	't quarters.	-	-		Mary Thompson				555-0111
38. MEN	IBER'S SIGNATURE			39.0	DATE		43. CERTIFYING OFFICIAL'S S	IGNATURE			44. DATE
5	Iohn Smith			- 15	07 20		Nithompson			>	150720
47. TIME civilian p	KEEPER STATEME ay related review an	ENT I certify re nd processing	eceiving a co	py of th	nis order fo		45. TIMEKEEPER SIGNATURE Must be dated	on or a	fter e	end da	ate

ÄF FORM 938, 20080724

PREVIOUS EDITIONS ARE OBSOLETE



Certifying by TODC

Certifying Short tour Orders in AROWS-R using TODC



- Tour of Duty Certification is online in AROWS-r website
 - This is a quick and easy process that will greatly reduce order processing time and errors. Usually posts in 10 workdays.
 - This can be accomplished by selecting the "member" option from the drop down menu, and then, under the tour of duty sub-menu, selecting "create certification".
 - Allows you as the member to track







Processing of IDTs in UTAPS



Direct UTAPS Access (gov't computer) https://utapsweb.afrc.af.mil/utapsweb

The primary purpose of UTAPSweb for IMAs/PIRRs is to schedule, verify and manage pay and/or points for current Fiscal Year (FY) attendance for Inactive Duty Training (IDT) or Points Only IDTs (PNT).





UTAPS via AROWS-R

2008/08/14

2006/10/30

2006/09/28

2006/03/24

2005/11/10

2005/10/06







UTAPS - Accept

U.S. AIR FORCE

AROWS-R - Login to UTAPS = Internet E	xplorer provided by USAF		
🔵 🔻 🙋 https://arowsr.afrc.af.mil/aro	ws-r/utaps_login_confirmation.do	 ■ ⁴₇ × Live. 	Search 🖉 🧏
🔗 🌈 .:: AROWS-R - Login to UTAPS :		👌 * 🖾	* 🖶 * 🔂 Page * 🔘 Tools * '
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se Select A Menu 🔹 Home S	witch Profile My Account Logout		«Bottom»
ogin to UTAPS			
	You are about to log out of AROWS-R and log into th If this is the desired action, click the continue b	ne UTAPS system. uutton below.	
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INFOCON: 3 AROWS-R Login – Internet Explorer provide	ed by USAF		FPCON: Brave
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Validate Your Role/Configure Supervisor selection

1st select your roles2nd configure your supervisor selection





Supervisor Selection





Select IMA/PIRR Schedule

U.S. AIR FORCE



FORCE REMERTE COMME



Schedule Build Indicators



Legend: Black Inactive Duty Period (IDT) Turquoise Non-Paid IDT (points only) Eraser Delete IDT, RMP, etc... Arrows Shift/Change Fiscal Years



Select Date(s)

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Review Schedule

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IMA/PIRR Calendar



Pending IDTs

IMA/PIRR Calendar

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Submit Schedule

IMA/PIRR Calendar

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Once your IDT's turn to gray, a system generated email will be sent to your supervisor to inform them of pending actions



UTAPS CALENDAR - Ready to be paid

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Carry-over Leave Process



HQ RIO/RPO Leave Carry-Over

Choose from the links below to submit your reserve pay request. No travel requests are to be submitted here.

IMA RPO Requests	BAH AF Form 594, BAH Waiver, Clothing/Uniform Allowance, IMA RPO Welcome Packages, Misc. inquiries
Leave Request	AF Form 988 Part 1, AF Form 988 Part 3, Leave Carryover, Leave Sell Back, Other leave inquiries
Short Tour Request	MPA/RPA Orders less than 30 days, Annual Training, Cost of Living Allowance (COLA)
Long Tour Request	MPA/RPA Orders greater than 29 days, Pre-certified & Close-out CONUS/OCONUS orders, Temporary Lodging Allowance (TLA), Move in Housing Allowance (MIHA), Cost of Living Allowance (COLA), Overseas Housing Allowance (OHA)

- Pay Guidance
- Pay Forms
- **Leave Carryover Guidance**
- + Leave Sellback Guidance
- Contingency Pay Guidance
- □ Contact IMA Reserve Pay Office

DSN: 665-0102

Comm: 1-800-525-0102

Mailing Address:

HQ RIO/IRO Attn: Reserve Pay Office 18420 E. Silver Creek Ave. Bldg. 390, MS68 Buckley AFB, CO 80011





HQ RIO/RPO Leave Carry-Over

AIRFORCE

Pay Guidance

Pay Forms

Leave Carryover Guidance

- Leave can be transferred to an AGR/VPLAD tour with no break in service.
- Leave can be transferred to an MPA/RPA Order.
- If you are performing back-to-back orders with no break, this process may not be necessary. It depends on what order you are transferring leave from.
- Leave cannot be carried over to a EAD Program.

Guidance

- Leave Carryover Policy Guidance
- Leave Carryover Statement of Understanding
- AF 1089

Step-by-step instructions:

- · Review the Air Force Reserve Command Leave Carryover Program Policy Guidance Phase II
- Complete a Leave Carryover Statement of Understanding. This must be signed by your Supervisor and CC/Director (of your gaining unit where performing duty) prior to publishing of new order.
- Complete an AF 1089. Include the order number from which you are carrying leave from in Part IV, Remarks, and ensure the form is dated prior to publishing of the new order. The HQ RIO/RPO also needs the completed AF 938 that you are carrying leave from. The commanding officer must sign/date block 44 after your tour is complete.
- The statement of leave carryover must be written into your new order, or as a modification to it. In order to have the leave carryover statement authorized in your order, you must submit the signed Leave Carryover Statement of Understanding to your Detachment so the authorization can be written in the M4S/E49. A modification can also be generated to approve this, but only if the SOU was approved prior to the orders being published.

(Note: If carrying leave to an AGR tour, this step is not needed)

The statement in the orders should read "Member is authorized to use XX days of leave carryover in addition to normal leave accrued during this tour."

Keep in mind:

Orders will not be extended for the sole purpose of taking leave carryover. However, with the gaining commander's approval of a leave carryover request, the leave carryover days will be "built into the orders" upfront and prior to orders initial publication, as part of the "tour length." Once the orders are published, the orders cannot be amended after the fact to extend the order for the sole purpose of taking leave/leave carryover days.



HQ RIO/RPO Leave Carry-Over Statement of Understanding

The statement of leave carryover must be written into your new order, or as a modification to it. In order to have the leave carryover statement authorized in your order, you must submit the signed Leave Carryover Statement of Understanding to your Detachment so the authorization can be written in the M4S/E49. A modification can also be generated to approve this, but only if the SOU was approved prior to the orders being published.

MEMORANDUM FOR (SUPERVISOR ORG/SYMBOL)

DD MMM YY

FROM: (MEMBER'S ORG/SYMBOL)

SUBJECT: Leave Carryover Statement of Understanding and Election

(Please initial)

 I (Typed, Rank, Name, and last 4 of SSN) have read the Air Force Reserve Command Leave Carryover Program Policy Guidance Phase II, understand the impact that it has on my tour/leave balance and have attached a copy of my leave and earnings statement (LES).

 I understand IAW 10 USC 701(k), the FY11 NDAA authorized Reserve Component members to carry leave forward from active duty tour to another tour.

3. In conjunction with my next MPA/RPA/AGR/EAD tour duty starting I hereby request to carry forward of my accrued leave as noted below.

 I understand that if my order includes an extension to accommodate approved leave carryover, I must use that leave plus any accrued leave within this order.

 I understand I will lose the balance that exceeds 60 days when crossing fiscal years, unless I am on a tour of duty that places me in a Special Leave Accrual policy.

 I understand leave is not a career continuation incentive through the accrual of large leave balances.

 The following leave was earned while in a combat zone and is tax deductible. Therefore, I am identifying the pertinent information so that taxes may be credited back to me.

Days of leave earned on order#	were in a combat zone (if	
pplicable)		

Member's Full Signature and Date



HQ RIO/RPO Leave Carry-Over Statement of Understanding

Supervisor must sign prior to date of orders beginning:





HQ RIO/RPO Leave Carry-Over Statement of Understanding

Commander must sign prior to date of orders beginning:

2nd Ind to (OFFICE SYMBOL FOR 2d INDORSEMENT OFFICIAL) DD MMM YY, Leave Carryover Statement of Understanding and Election

MEMORANDUM FOR (MEMBER)

I approve/disapprove (circle one) the member's request to use leave carryover during the upcoming tour. I understand that leave days will be added to the order for which approved and these leave days will be charged to the order and the applicable appropriation. For MPA requirements, I will ensure the tour end date in the M4S message reflects the additional leave carryover days and that a remark is included in the M4S message to state the number of days of leave carryover approved for the tour.



MINIM	>			

Commander Signature Block and Date (CC at mbr's reporting unit)



RIO Connect Mobile App



Click-to-call and Email directory Pay travel and career resources How-to videos Events calendar



- MyPay can be accessed by going in <u>www.dfas.mil</u> and clicking on the myPay symbol
- Once in myPay on the left hand sided there is a NEW





- Check LES
- Update Mailing Address
- Update Direct Deposit (Bank) Information
- Change Federal/State Withholdings
- Change Thrift Savings Plan
- View AoP's for Travel
- Download W-2

Ensure your email is always current!



Questions ?