

United States Air Force Reserve

Integrity - Service - Excellence

Military Pay



U.S. AIR FORCE



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
- All other inquires (excluding travel) submit to RPO
- HQ RIO/RPO Leave Carry-Over



U.S. AIR FORCE

Reserve Pay Office (RPO)

- 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: <http://www.arpc.afrc.af.mil/HQRIO/IMA-RPO.aspx>
- 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



U.S. AIR FORCE

HQ RIO RPO Website:

**[http://www.arpc.afrc.af.mil/
HQRIO/IMA-RPO.aspx](http://www.arpc.afrc.af.mil/HQRIO/IMA-RPO.aspx)**



U.S. AIR FORCE

HQ RIO RPO Website

Home	Resources	Travel	Pay
Detachments	Training	Vacancies	Force Development
Awards & Boards	Benefits & Entitlements	Orders Writer Cell	Activation & Deployments

Note: If accessing this page from a .mil computer, you may need to refresh the browser cache to see the latest content (Windows OS, use Ctrl+F5)

FINANCE AND PAY RESOURCES

- ☰ [Pay Processing Times](#)
- ☰ [Submit pay documents via myPers](#)

As of 15 Oct 18, submissions to the Reserve Pay Office (RPO) will no longer be accepted from email, AMRDEC, or fax.

The MyPers case management system will ensure customer submissions are verified, tracked, and executed within measurable timelines to ensure quality customer service

If you have grossly aged items, please contact your assigned detachment with your MyPers ticket #. The Det will contact the HQ RIO for oversight/updates.

Please be advised that submitting incorrect/incomplete packages, omitting key supporting documents, or delayed responses to technician follow-up requests will delay your final reimbursement.

Key training and required submission documentation can be found on the RIO Connect App and at the HQ RIO Website

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

- 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



U.S. AIR FORCE

IMA Welcome Package for In-processing



IMA Welcome Package

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***
<MISSING 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 CERTIFICATE 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



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SGLI for IR's

Per AFRC/A1KK, new accessions who do NOT submit either an SGLV 8286 or SOES certificate as part of their **welcome package**, 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/>



SGLI for IRs

- 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.

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Service Member Signature

Social Security Number

Date (MM, DD, YYYY)

Address

Submit this form to your Unit Personnel Clerk. By completing this section the Unit Personnel Clerk acknowledges that they have counseled the Service Member in regards to the information provided on page 4 of this form.

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk <input style="width: 90%;" type="text"/>	Representative <input style="width: 90%;" type="text"/>
Rank, title or grade <input style="width: 90%;" type="text"/>	Approve <input type="checkbox"/>
Contact telephone/email <input style="width: 90%;" type="text"/>	Disapprove <input type="checkbox"/>
Date <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	





U.S. AIR FORCE

IMA Welcome Package

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

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 37 USC 403, Public Law 96-343, EO 9397</p> <p>PURPOSE: To start, adjust or terminate military members' entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing.</p> <p>ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members' Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.</p> <p>DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH.</p>			
PART A - IDENTIFICATION & DUTY LOCATION		LOGGING OFFICIAL	
1. NAME (Last, First, MI)		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
2. SSN		QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
3. GRADE		ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> UNIT #	
4. PHONE		INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> UNIT #	
5A. DUTY LOCATION (Base, State, ZIP Code or Country)		TRANSIENT QUARTERS OCCUPIED - UNIT #	
5B. E-MAIL ADDRESS		EFFECTIVE DATES FROM: TO:	
PART B - MARITAL/DEPENDENT STATUS		TITLE	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		SIGNATURE	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER		Click to sign	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			
<input type="checkbox"/> DIVORCED (Date) <input type="checkbox"/> LEGALLY SEPARATED (Date)		DATE	
7. NONCUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ _____ PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8. I <input type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date):			
Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING			
NAME	SSN	BRANCH OF SERVICE	STATION
PART C - MEMBER'S CERTIFICATION (For members with dependents)			
<input type="checkbox"/> I certify that I provide adequate support (see AF 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport.			
CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).			
(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parents, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court).			
I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed.			
I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and/ or the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Financial Services Office (FSO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.			
MEMBER'S SIGNATURE		DATE	

AF Form 594, 20130729

PREVIOUS EDITION IS OBSOLETE



U.S. AIR FORCE


Certifying Your 938



U.S. AIR FORCE

Completing your AF 938 (Start Your Pay)

FOR THE PRE-CERTIFICATION OF ≥ 30 DAYS OR MORE ORDER


31. DEPARTMENT OF THE AIR FORCE (Enter designation and location of headquarters.) ARPC SWC HQ ARPC BUCKLEY AFB, CO 80011					TDN: FOR THE COMMANDER					
32. RESERVE ORDER NO. 20150605					33. DATE 20150605					
34. DISTRIBUTION					35. AUTHORIZING/ORDER ISSUING OFFICIAL (Title and Signature) 					
36. STATEMENT OF TOUR OF DUTY										
	LOCATION	HOUR (mil)	DAY	MONTH		LOCATION	HOUR (mil)	DAY	MONTH	MODE OF TRAVEL
a. DEPART	HOR	0900	6	Jun	b. ARRIVE	Duty Location	1900	7	Jun	PA
c. DEPART					d. ARRIVE					
37. I certify that I have complied with the above order. The statements on this form are true and complete. If a Federal Civil Service Employee, I certify that I have applied for appropriate leave. Circle what applies My Spouse (Circle One) was <u>was not</u> in Active Duty status during this tour. I (Circle One) did <u>did not</u> occupy gov't quarters.					CERTIFICATION					
38. MEMBER'S SIGNATURE <i>John Smith</i>					39. DATE <i>15 06 08</i>					
47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing.					40. Member reported for duty at <i>0730</i> hours on <i>8 Jun</i> and was released from duty at _____ hours on _____					
41. CERTIFYING OFFICIAL'S PRINTED NAME <i>Mary Thompson</i>					42. DSN <i>555-0111</i>					
43. CERTIFYING OFFICIAL'S SIGNATURE <i>Mthompson</i>					44. DATE <i>150608</i>					
45. TIMEKEEPER SIGNATURE					Must be dated on or after start date					



U.S. AIR FORCE

Completing your AF 938

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

31. DEPARTMENT OF THE AIR FORCE (Enter designation and location of headquarters.) ARPC SWC HQ ARPC BUCKLEY AFB, CO 80011					TDN: FOR THE COMMANDER						
32. RESERVE ORDER NO.					33. DATE 20150605		34. DISTRIBUTION			35. AUTHORIZING/ORDER ISSUING OFFICIAL (Title and Signature) 	
36. STATEMENT OF TOUR OF DUTY											
	LOCATION	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 Location	1700	20	July	d. ARRIVE	HOR	1500	21	July	PA	
37. I certify that I have complied with the above order. The statements on this form are true and complete. If a Federal Civil Service Employee, I certify that I have applied for appropriate leave. Circle what applies My Spouse (Circle One) was <u>was not</u> in Active Duty status during this tour. I (Circle One) did <u>did not</u> occupy gov't quarters.					CERTIFICATION						
38. MEMBER'S SIGNATURE <i>John Smith</i>					39. DATE <i>15 07 20</i>		40. Member reported for duty at <i>0730</i> hours on <i>8 Jun</i> and was released from duty at <i>1630</i> hours on <i>20 Jul</i>			41. CERTIFYING OFFICIAL'S PRINTED NAME <i>Mary Thompson</i>	42. DSN <i>555-0111</i>
47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing.					43. CERTIFYING OFFICIAL'S SIGNATURE <i>Mthompson</i>		44. DATE <i>150720</i>			45. TIMEKEEPER SIGNATURE Must be dated on or after end date	

AF FORM 938, 20080724

PREVIOUS EDITIONS ARE OBSOLETE



U.S. AIR FORCE

Carry-Over Leave







Carry-over Leave Process

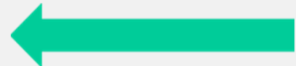


HQ RIO/RPO Leave Carry-Over

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

⊕ **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.





U.S. AIR FORCE

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)

1. 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).
2. 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.
4. 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.
6. 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.
7. I understand leave is not a career continuation incentive through the accrual of large leave balances.
8. 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 applicable)

Member's Full Signature and Date



HQ RIO/RPO Leave Carry-Over Statement of Understanding

Supervisor must sign prior to date of orders beginning:

1st Ind to (OFFICE SYMBOL FOR 1ST INDORSEMENT OFFICIAL), DD MMM YY, Leave Carryover Statement of Understanding and Election

MEMORANDUM FOR (OFFICE SYMBOL FOR 2D INDORSEMENT OFFICIAL)

I have reviewed the LES and applicable orders to verify leave balances as noted above. I have also counseled the member the maximum number of days allowed to carry forward at the end of each fiscal year is 60 days.

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

Attachments:
Documents reflecting amount of days available to carry forward



U.S. AIR FORCE

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.

<input type="checkbox"/> RPA requirement	<input type="checkbox"/> MPA requirement
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved


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



U.S. AIR FORCE

RIO Connect Mobile App



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



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Questions ?