

Selected Reserve Incentive Program (SRIP) Adjustment Certification Worksheet

[For use of this form see USARC Pam 37-1; the proponent agency is the DCS, G-8.]

RCS exempt per AR 335-15, paragraph 5-2b(1).

1. FROM (Unit Address to include PAS)

DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 37, U.S.Code, Sec. 101 and following.
Principal Purpose: To adjust the military compensation of a Reserve Component soldier, subject to the provisions of USARC Reg 37-1 and internal controls.
Routine Uses: To specify and certify as correct, the details of an adjustment in pay for an individual member of the Army Reserve.
Disclosure: Voluntary; however, failure to provide the requested information may result in a delay or otherwise adversely impact upon the adjustment in pay.

2. NAME (Last, First, Middle/MI as shown on MMPA)

3. SSN (As shown on MMPA)

4. GRADE

5. TYPE OF BONUS

6. EFFECTIVE DATE (Action/Payment)

ITEM (Check one)

7. INITIAL PAYMENT (NOTE: Documentation must be attached.)

MOS _____ UIC _____

REENLISTMENT AUTHORIZATION/CONTROL NUMBER _____

Number of months of affiliation (Affiliation Bonus Only) _____

(Attach DD Form 214 or assignment orders for affiliation or enlistment bonus.)

8. INSTALLMENT PAYMENT

Soldier has participated satisfactorily during the period of _____ through _____
and is eligible for continued SRIP participation. (date after last payment was due) (date installment due)*

*(NOTE: Request for installment cannot be submitted to the RCPSO prior to this date.)

9. SUSPENSION/REINSTATEMENT (Attach extension contract.)

Reason for suspension/reinstatement _____

10. TERMINATION

Number of Months of Satisfactory Participation _____

Reason for Termination _____

Is Recoupment Required (Check one) ___ YES ___ NO

11. BONUS CORRECTION (Explain in Remarks)

12. REMARKS

13. PREPARER'S SIGNATURE

14. DATE