Pay Document

Transmittal Letter (TL)

[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(10).

TL NUMBER (PRN and Sequence No)

PRN: _____ Sequence No.: _____

TO *(Include Site ID)*

FROM *(Unit Address to include PAS)*

ENTER ID/DOCUMENT NAME FOR ROUTINE TRANSACTIONS

SSN	LAST NAME *(First 5 Letters)*	DOCUMENT NAME/REMARKS

HANDLING INFORMATION:

Check Only ONE. Place "X" in adjoining box. If applicable, annotate additional information in the REMARKS section.

	ADMINISTRATIVE		BONUS		CONGRESSIONAL		**DRILL ATTENDANCE (DRP)**
	MOBILIZATION DATA		ORGANIZATIONAL CHANGE		PAY ADJUSTMENT ___ IDT ___ AD		SSD EXCEPTIONS
	UNIT AT		AT/ADT/ADSW **1-7 DAYS**		AT/ADT/ADSW **8-29 DAYS**		AT/ADT/ADSW **30 DAYS or MORE**
	CERTIFICATE OF DUTY PERFORMANCE (ONLY)				**OTHER** *(Explain in REMARKS)*		

REMARKS

ATTACHED DOCUMENTS REFLECT THE TRUE STATUS OF PERSONNEL IDENTIFIED HEREIN.

POINT OF CONTACT *(Name, Phone and Fax Numbers, E-mail Address)*

REVIEWER'S SIGNATURE

DATE

FOR RCPSO USE ONLY

CLERK 1	DATE	CLERK 2	DATE	CLERK 3	DATE

Previous editions of this form are obsolete and will not be used.