

Pay Inquiry

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

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: Used by the Reserve Component soldier in accordance with USARC Reg 37-1 when inquiring about his/her own pay account (Section I).
 Routine Uses: To process the action requested.
 Disclosure: Voluntary,; however, failure to provide the social security number may result in a delay or error in processing the inquiry.

SECTION I - [To be completed by the soldier or Unit Pay Administrator (UPA)]

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

3. SSN (As shown on MMPA)

4. REQUEST INFORMATION ON:
[Nature of Inquiry]

a. IDT Pay Period: _____

b. AT Pay Period: _____

c. ADT/ADSW Period: _____

d. MMPA Admin Status of Input
[Explain in Remarks]

e. OTHER
[Explain in Remarks]

5. REMARKS

6. SIGNATURE OF SOLDIER (if available) OR UPA

7. DATE

SECTION II - [To be completed by Unit]

Unit must notify the RSC/DRC of pay issue/problem.

8. Supporting document(s) was(were) submitted to the RCPSO on TL Number: _____ Dated: _____

9. REPLY TO SOLDIER/JUSTIFICATION TO RCPSO

Above information/data is true and accurate. Attachments are in support of administrative changes/pay adjustments.

10. PREPARER'S SIGNATURE

11. DATE

SECTION III - [To be completed by RCPSO]

12. REPLY/ACTION REQUIRED OR TAKEN

CLERK