

PLEASE DONT FORGET TO FILL OUT AND SIGN THE DIRECT DEPOSIT FORM AND AF594 FORM AT THE END OF THIS PACKET AS WELL. MAKE SURE TO ALSO INCLUDE YOUR ORDERS WHEN RETURNING THIS PACKET TO THE FSO



FINANCE RETIREMENT/SEPARATION OUTPROCESSING CHECKLIST

TO BE COMPLETED NLT 30 DAYS PRIOR TO THE START OF PERMISSIVE/TERMINAL LEAVE

NAME: _____

DOS: _____

Member's Instructions:

If you have a us.af.mil email address, you will need to upload your documents through Comptroller Services Portal (<https://usaf.dps.mil/teams/SAFFMCSP/portal/SitePages/Home.aspx>). If you do NOT have a us.af.mil email address, then you may upload your documents to our finance org box (375.AMW.FINANCE@us.af.mil). You will need to complete all portions of this packet and send them to us, including a copy of your orders, NET 60 days and NLT 30 days out from your final out with MPF.

The purpose of this checklist is to assist the Accounting & Finance Office (AFO) in computing your final separation/retirement pay; however, it does not necessarily represent your actual financial status as determined by the organizations or offices making entries herein. Subsequent review or audit of records may establish that you are indebted for an amount not indicated on this list. Failure by the organizations to reflect debt on this checklist does not in any way represent a release or waiver of that debt

*It is your responsibility to ensure all agencies coordinate on this letter and the Accounting & Finance Office (AFO) is the last agency to complete this letter. **If items were completed via vOP, bring the vOP checklist with you to Finance Special Actions along with this letter.***

TO THE ACTION OFFICES:

Annotate any debt or other transaction, which is pending or was prepared and forwarded to the AFO within the past 10 days.

If not already accomplished, provide the required debt documentation (DD Form 139, Pay Adjustment Authorization; DD Form 114, Military Pay Order; DD Form 362, Statement of Charges for Government Property Lost, Damaged or Destroyed; AF Form 198, Report of Survey for AF Property; etc) to the AFO **within 1 workday**. **Immediately telephone the AFO/Military Pay Section and provide verbal notification of the debt.** Annotate the debt reason and the amount owed in the appropriate area.

FAMILY HOUSING **ONLY APPLIES IF YOU ARE IN BASE HOUSING******

Do you currently reside in Military Housing? YES NO N/A

If yes, have you coordinated with Hunt to stop your housing allotment? YES NO

REPORT OF SURVEY MONITOR

Does the member have a pending/ongoing ROS investigation? Yes/No

NAME: _____ SIGNATURE: _____ DATE: _____

If unit doesn't have a ROS monitor contact Daniel Council 375 LRS at 256-5953 to expedite process for pending DOS.

Unit APC (agency program coordinator for the government travel card)

Does member owe anything on their government card? Yes \$ _____ No _____

Unit APC Signature **Unit APC NAME, GRADE AND TITLE** **DATE**

SQUADRON (Member's Orderly Room)

Are there any leave periods that have not appeared in Leaveweb? Yes/No
If YES, please list dates, type, and leave number.

_____ - _____ TYPE _____ LV# _____

_____ - _____ TYPE _____ LV# _____

Are there any disciplinary actions to be considered for final pay? _____

Signature of Commander/First Sergeant **CC/1st Sgt NAME, GRADE AND TITLE** **DATE**

*****FOR FINANCE USE ONLY (WILL BE COMPLETED DURING FINAL OUT WITH FINANCE)*****

FINANCE SPECIAL ACTIONS

AFO signature is not acknowledgement that the member has satisfied all debts to the Air Force, but merely that member has cleared through the AFO and the checklist was reviewed.

NOTE: Leave must be completed and signed by the unit commander or any person on G-series orders PRIOR to attending Finance final-outprocessing appointment.

YES/NO TRAVEL PAY \$ _____

YES/NO MILITARY PAY \$ _____

LEAVE DAYS SOLD _____ _____
SPECIAL ACTIONS: Name and Signature

Separation / Retirement FAQ and Fact Sheet

Final Pay

Final pay is manually computed by the Scott AFB finance office and is paid roughly 3 to 5 business days after your date of separation/retirement.

Any leave sell, severance pay, or lump sum disability pay will be included in this check along with any pay earned since the last active duty paycheck.

Retired Pay (Applies to retirees only)

All allotments will automatically roll over into your retired pay except for charity allotments. Your first retired paycheck will be deposited in your account 1-2 months after your DOR. To ensure you have access to your My Pay after retirement, set up your MyPay pin prior to retirement. For any retirement pay questions please contact DFAS Cleveland at 1-800-321-1080

Leave

All terminal and permissive leave requests can be entered in Leave web within 60 days of starting leave

Put Permissive leave request in through LeaveWeb first and request Terminal leave through LeaveWeb after Permissive has been saved and sent to your Commander for approval.

Permissive goes in as table 7 rule 2

Half days cannot be used

Any leave not used will be automatically sold back in the final paycheck

You may only sell 60 days in your career

Retiring members are authorized 20 days of permissive leave in conjunction with terminal leave. Separating members are generally not authorized permissive leave unless they are separating under a VSIP program and the leave is authorized on the member's orders.

Approved by commander, authorized by finance at the mass briefing.

You will be given your AF Form 988, leave authorization form at this time. Members must be at or below the fiscal year cutoff for leave to avoid losing leave.

Do not go off Leaveweb or the "ETS Bal" on your LES to determine your leave balance.

Instead use the "Cr Bal" amount off your last LES and add 2.5 days for each month after that.

For instance if the Cr Bal on the LES for March is 20 days of leave and the member is retiring on June 30 the balance through the date of separation is 27.5 days (20 days as of the end of March + 2.5 accrued in April + 2.5 accrued in May + 2.5 accrued in June).

If separating or retiring mid-month leave accrual for that month is prorated as follows:

1-6 days: 0.5

7-12 days: 1.0

13-18 days: 1.5

19-24 days: 2.0

25-30 days: 2.5

*****For members retiring, when entering terminal leave, your last day of terminal should be the first date on orders. Use the date you are relieved from active duty as the last day of leave*****

Travel

*****TRAVEL MUST START WHILE YOU ARE IN LEAVE STATUS OR AFTER YOUR DOS OR DOR*****

Retiring members are authorized to travel anywhere in the CONUS. Separating members are authorized to travel the point indicated on their orders, usually their home of record. If a separating member chooses not to travel to the point authorized on their orders they are paid up to what it would have cost the government to send them to the location stated on orders. TLE and DLA are not authorized for retirement or separation travel.

What to include when completing your final travel voucher:

1351-2

Direct Deposit Form

Copy of Orders

PTDY/Terminal Leave Forms

*DEERS Form 1172 if you have dependents

Members who drive will be paid mileage and per diem for the number of days traveled or the number of days authorized whichever is less. Separating members have 6 months to perform travel. Retiring members have 1 year.

Where do they send the voucher? Either scan voucher in and send to **375.amw.finance@us.af.mil** or mail in a hard copy to:

375 CPTS/FMF

Att: Special Actions

215 Heritage Drive Room C-203

Scott AFB, IL 62225

Please send all TMO Vouchers such as DITY moves directly to TMO at:

375 LRS/LGRDF

215 Heritage Drive Room D-103

Scott AFB, IL 62225



Same as Current Account:

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

<p>1. EMPLOYEE INFORMATION</p> <p>(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input style="width: 150px; height: 20px;" type="text"/></p> <p>EMPLOYEE NAME <input style="width: 300px; height: 20px;" type="text"/> (as on payroll records) (Last, First, Initials)</p> <p>TELEPHONE NUMBER (WORK) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> (HOME) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>			
<p>2. TYPE OF ACCOUNT</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p>	<p>3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.</p> <p>ROUTING TRANSIT NUMBER <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Check Digit</p> <p>ACCOUNT NUMBER <input style="width: 200px; height: 20px;" type="text"/></p> <p>ACCOUNT TITLE _____ (Account Holder's Name)</p> <p>FINANCIAL INSTITUTION NAME _____</p>		
<p>TYPE OF PAYMENT</p> <p><input type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments</p>			
<p>4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.</p>			
<p>TYPE OF ALLOTMENT (Check One)</p> <p><input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party</p>	<p>TYPE OF ACCOUNT (Check One)</p> <p><input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING</p>	<p>ACTION (Check One)</p> <p><input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE</p>	<p>AMOUNT (Check One)</p> <p><input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ _____</p>
<p>ALLOTTEE NAME (person/company who will receive allotment) <input style="width: 300px; height: 20px;" type="text"/></p> <p>ALLOTTEE'S ROUTING NUMBER <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Check Digit</p> <p>ALLOTTEE'S ACCOUNT NUMBER <input style="width: 200px; height: 20px;" type="text"/></p> <p>ALLOTTEE'S ACCOUNT TITLE (Account Holder's Name) _____</p> <p>FINANCIAL INSTITUTION NAME _____</p>			
<p>5. AUTHORIZATION</p> <p style="text-align: center;">* _____ EMPLOYEE'S SIGNATURE DATE</p>			
<p>6. AGENCY USE:</p>			

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this form to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

1. EMPLOYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
ACCOUNT NUMBER (your account number at your financial institution)
ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

The diagram shows a check front with the following fields and labels:

- 3 - NAME OF DEPOSITOR, STREET ADDRESS, CITY, STATE
- 101 - Financial institution code
- 19 - Year
- PAY TO THE ORDER OF: _____ \$ [] DOLLARS
- 4 - NAME OF YOUR BANK
- 5 - Payable Through Another Bank
- For _____
- Routing Number: :021001082: (labeled 1)
- Account Number: 123 456 789 (labeled 2)
- Check Number: 0101 (labeled 3)

1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol ■ ■ ■ appears on the check or card.)
3. ACCOUNT TITLE (must include employee name)
4. FINANCIAL INSTITUTION NAME
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.)

Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)

ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)

AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.

ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.

ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.

FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.

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

AUTHORITY: 37 USC 403, Public Law 96-343, EQ 9397

PURPOSE: To start, adjust or terminate military member's 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.

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.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH

PART A - IDENTIFICATION & DUTY LOCATION

LODGING OFFICIAL

1. NAME (Last, First, MI)

2. SSN **3. GRADE** **4. PHONE**

5A. DUTY LOCATION (Base, State, ZIP Code or Country)

5B. E-MAIL ADDRESS

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS
 QUARTERS ARE NOT ASSIGNED DATE: _____

ADEQUATE QUARTERS ASSIGNED TERMINATED UNIT # _____
 EFFECTIVE DATE: _____

INADEQUATE QUARTERS ASSIGNED TERMINATED UNIT # _____
 EFFECTIVE DATE: _____

TRANSIENT QUARTERS OCCUPIED - UNIT # _____
 EFFECTIVE DATES FROM: _____ TO: _____

PART B - MARITAL/DEPENDENT STATUS

6 SINGLE, NO DEPENDENTS SINGLE, CLAIMING DEPENDENT(S)

MARRIED - SPOUSE IS A CIVILIAN MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:

DIVORCED _____ (Date) LEGALLY SEPARATED _____ (Date)

TITLE

SIGNATURE

DATE

7. NON-CUSTODIAL PARENTS: I PAY THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR \$ _____ .00 PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. DIVORCE DECREE b. COURT ORDER c. LEGAL SEPARATION AGREEMENT, OR d. WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I CLAIM BAH FOR THE DEPENDENT IN 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)

I certify that I provide adequate support (see AFI 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-parentis, 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 YES 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 that 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** _____