

## **375 CPTS RETIREMENT/SEPARATION OUT-PROCESSING INSTRUCTIONS**

See Retirement-Separation Packet on the 375 CPTS website to be completed and sent via [375.AMW.FINANCE@US.AF.MIL](mailto:375.AMW.FINANCE@US.AF.MIL) email address. In order for your Leave to be authorized, ensure that your permissive and terminal leave, if applicable, have been input with the correct dates and approved by your Unit CC prior to providing your completed documents.

In order to properly out-process, the documentation/actions below must be complete:

- 1 copy of your orders.
- Completed Direct Deposit form.
- Completed AF Form 594.
- Completed Finance checklist, your personal information on the first page and three signatures/digital signatures.
- Retirees: 1172s/DEERS Forms. These are optional but recommended if you are going to be submitting a travel voucher. You can pull this form from <https://www.dmdc.osd.mil/>
- Terminal or permissive leave in Leave Web and approved by your commander. Finance will authorize and assign your leave number. If you are taking the Skill Bridge Program and will be on permissive leave for more than 60 days, provide a completed AF Form 988 with your Commander's signature. This leave entry will be input manually into your Military Pay record by Finance.

If any of these required items/actions are missing, you will receive an email explaining the required corrections and your Finance out-processing will not be complete.

**INSTRUCTIONS FOR COMPLETING THE  
DIRECT DEPOSIT – FORM 2231**

**BLOCK 1:** EMPLOYEE INFORMATION

**BLOCK 2:** CHECK “CHECKING” BOX; “NET PAY” AND “TRAVEL” BOXES

**BLOCK 3:** DIRECT DEPOSIT INFORMATION

\*9<sup>TH</sup> DIGIT IN ROUTING TRANSIT NUMBER IS PLACED IN “CHECK DIGIT”\*

**BLOCK 5:** SIGN & DATE FORM

**INSTRUCTIONS FOR COMPLETING THE  
AF FORM 594 – BAH CERTIFICATION/RECERTIFICATION**

**PART A – Personal information**

<b>PART A - IDENTIFICATION &amp; DUTY LOCATION</b>		
1. NAME <i>(Last, First, MI)</i>		
Doe, John		
2. SSN	3. GRADE	4. PHONE
123-45-7890	E5	123-456-7890
5A. DUTY LOCATION <i>(Base, State, ZIP Code or Country)</i>		
Scott AFB, IL 62225		
5B. E-MAIL ADDRESS john.doe@us.af.mil		

**PART B – Marital/Dependency Status**

- *If Mil-Mil, please provide Spouse’s information on lines below*

- If Divorced/Legally Separated, please annotate date next to applicable box. (If you do not know exact day, please provide month/year)

**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 \_\_\_\_\_  LEGALLY SEPARATED \_\_\_\_\_

(Date) (Date)

**BLOCK 8A** – Single No Dependents, please disregard this section, and sign/date.  
For those with Dependent(s), please mark the first TWO boxes, and complete the EFFECTIVE DATE to the far right

- DOB youngest child if Single w/ Dep. OR Mil-Mil, claiming the dependent
- Date of Marriage if married to Civilian

**PLEASE INCLUDE ONLY THE PRIMARY DEPENDENT’S INFORMATION ON THE LINES BELOW WITH A CURRENT ADDRESS/LAST KNOWN ADDRESS**

8.1  CLAIM BAH FOR THE DEPENDENT  IN  NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): 02/14/99

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
Doe, Jane	132 ABC Ln. Scott AFB, IL 62225	Spouse	1/1/73
	CURRENT ADDRESS		

**FOR MEMBER’S CLAIMING DEPENDENTS, THE BOX BELOW MUST BE CHECKED**

**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

**Sign/Date – Self-explanatory**

MEMBER’S SIGNATURE	<i>John Doe</i> Click to sign	DATE
		16 Jul 18