

EMPLOYMENT VERIFICATION LETTER

REQUEST FOR INFORMATION UNDER THE FREEDOM INFORMATION ACT AND PRIVACY ACT OF 1974 AS AMENDED

TO: Personnel Officer and Disbursing Officer

Under the provision of Section 52a(b), Public Law 93-579, commonly known as the Privacy Act of 1974 as amended, Department of Defense Directive 5400.00, Enclosure 5: and the implementing service authority.

I, _____ Rank/Grade _____ Serial# _____ respectfully request and hereby authorize the release of the following information listed below from my service and pay records. I certify that I am the individual making request for the purpose of obtaining credit. Please provide the following information.

Signature

1. Present Rank _____ Promotion Pending _____ Branch of Service _____ Date _____
2. Active Duty _____ Active Reserve _____ Inactive Reserve _____ National Guard _____
3. Date Entered Service _____ EAOS/ETS Date: _____
 - a. Extended Service From: _____ To: _____
 - b. Reason For Extension _____
4. Number of dependents (Including self) _____
5. Any letters of indebtedness: Yes: ___ No: ___
If Yes, give from whom, date, & amount _____
6. Any disciplinary action: PAST Yes: ___ No: ___
Pending: Yes: ___ No: ___
If Yes: Date _____ Give Offense _____
7. Reduced in Rank: _____ If Yes, when? _____
8. Is service member under orders for transfer: Yes: ___ No: ___
If Yes: Date _____ New duty Station Address _____
9. (a) Is Service member pending discharge? Yes: ___ No: ___
(b) Medical Hold? Yes: ___ No: ___
(c) Has Service member applied for early out? Yes: ___ No: ___
10. If Yes to a, b, c state details: _____

PAY INFORMATION

1. Base _____
2. BAQ _____
3. VHA _____
4. Other _____

- ADVANCE PAY: Yes _____ No _____
- Date Taken: _____
- Amount Taken: _____
- Monthly Description _____
- Date of Final Deduction _____

Allotment

- a. Financial Institution
- b. Financial Institution
- c. Dependent
- d. Other
- e. Other

Name of Payee

- _____
- _____
- _____
- _____
- _____

Monthly Amount

- _____
- _____
- _____
- _____
- _____

Verifying Personnel Officer _____

Print Name Signature Rank Phone Number

Verifying Disbursing Officer _____

Print Name Signature Rank Phone Number