

Finance Retirement/Separation Checklist

Customer Use

Name (Last, First, MI)	Grade	SSN	DOS
Work Private	Duty Location (Base, State, Zip)	Telephone Work Private	

Leave

- I Please confirm projected leave balance with your servicing Finance. _____ days. (N/A if you're not taking any terminal/permissive)
- II All Permissive and Terminal Leave requests are processed and approved in LeaveWeb before departure. G Series Commander approved, finance authorized.
- III Permissive leave will be done under "**Type T, Rule 2.**" to be correctly routed in LeaveWeb.
- IV If you take any portion of your Permissive leave in conjunction with Terminal Leave, please check the box "In conjunction with Terminal Leave."
- V Leave numbers will be assigned after all leave is approved and final out documents are returned to the Finance office.
- VI If you take ordinary leave instead of terminal leave, return 15 days before scheduled separation date to prevent pay problems.
- VII Per AFI 36-3003 table 3.6, rule 2, CONUS locations are authorized 20 days of permissive leave to the following authorized members: incentive separatees, special benefits separatees, and retirees.

Type	Start Date	End Date
Permissive		
Terminal		

Checklist & Instructions

Read each line and insert your full initials to confirm understanding

- ☐ **For Retirees ONLY:** As my dependents are not listed on my orders, I understand that I must retrieve a copy of my DD Form 1172-2 per the instructions on the SOU, block 8 to claim civilian dependents on a final travel voucher.
- ☐ My unit APC has confiscated or destroyed my GTC and provided me with a GTC deactivation memo.
- ☐ I understand that all DTS authorizations/vouchers must be completely filed and paid prior to separating/retiring.
- ☐ I plan on taking permissive leave in conjunction with terminal and will input through LeaveWeb. Please refer to VII above.
- ☐ I plan on taking terminal leave up to my date or separation and will input through LeaveWeb.
- ☐ I understand that I am only authorized to sell a maximum of 60 days of leave in my military career.
- ☐ I understand that if I am under a different base's hierarchy in LeaveWeb, I must contact the LA AFB FSO to have leave authorized.
- ☐ **For AGR Members ONLY:** I do not wish to sell my leave and would like to have it transferred. If not, N/A.
- ☐ I understand that separate travel time is not granted and I must be on leave or separated to depart the PDS IAW AFMAN 65-114, para 6.7.5.
- ☐ I am able access MyPay with login ID and password in order to retrieve final LES's, W-2's, and future 1099-R's for retiree's.
- ☐ To be signed off on my vMPF checklist and have my leave authorized I will return a copy of my orders, GTC deactivation memo, this checklist, the statement of understanding, AF Form 594, Direct Deposit form, and the address change form.
- ☐ **For Retirees ONLY:** I understand that selecting a home outside the 50 states, I must select a HOS within the CONUS for comparison purposes (JTR 051003 B.3). If Home of Record (HOR) or Place from Which Called or Ordered to Active Duty (PLEAD) is OCONUS then travel entitlements to that locations are authorized.

Member's Name & Rank	Signature	Date
----------------------	-----------	------

OFFICIAL USE ONLY

Finance Technician's Name & Rank	Signature	Date
----------------------------------	-----------	------



DEPARTMENT OF THE AIR FORCE

MOODY AIR FORCE BASE GEORGIA

MEMORANDUM FOR 23 CPTS/FMF

FROM: /APC

SUBJECT: Government Travel Charge Card (GTCC) Account Closure

1. This memorandum serves as verification that member listed below has completed all necessary actions for closure of their Government Travel Charge Card (GTCC) account in accordance with DoD Financial Management Regulation Vol. 9, Chapter 3 and DoD GTCC Regulations, Section 041106.
2. Member's Details:
 - a. **Rank/Full Name:**
 - b. **Unit:**
 - c. **DOD ID Number:**
 - d. **Last Four of GTCC Account Number:**
 - e. **Date of Separation/Retirement:**
3. The following actions have been confirmed:
 - a. The GTCC account was reviewed and verified as **PAID IN FULL** as of
 - b. No outstanding balance remains on the account.
 - c. The GTC account has been **PERMANENTLY CLOSED** in the Citibank GTC system effective
 - d. All travel claims have been filed and reconciled.
4. Please accept this memorandum as validation that the GTCC closure requirement has been met and the member is cleared of GTCC responsibilities for final financial out-processing.
5. If there are any questions or concerns, please contacted me at or email me at

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, Privacy Act of 1974

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 government quarters

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or 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 or Space Force to determine needs of a member or dependents in emergency situations.

DISCLOSURE: Voluntary. However, failure to provide all information may result in non-payment of Basic Housing Allowance (BAH)

SORN: T7340, Defense Joint Military Pay System - Active Component, T7344, Defense Joint Military Pay System - Reserve **Component**

MEMBER INFORMATION		HOUSING OFFICIAL		
1. NAME (Last, First, MI)		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____ ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # EFFECTIVE DATE: _____ INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # EFFECTIVE DATE: _____ TRANSIENT QUARTERS OCCUPIED - UNIT # EFFECTIVE DATES FROM: _____ TO: _____ NAME, GRADE and TITLE of HOUSING REPRESENTATIVE SIGNATURE DATE		
2. DoD ID Number	3. GRADE			4. PHONE
5A. DUTY LOCATION (Base, State, ZIP Code or Country)				
5B. MEMBER'S PHYSICAL ADDRESS (Street, City, State, Zip Code or Country)				
5C. E-MAIL ADDRESS				
MARITAL / DEPENDENT STATUS 6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE provide - NAME, DoD ID Number, BRANCH OF SERVICE, DUTY STATION AND DATE OF MARRIAGE: _____ _____ _____ <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPARATED _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Date) (Date) </div>				
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> _____ PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN				
8. I <input type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): _____ Note: Indicate the civilian dependent(s) you are claiming and their relationship. 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	DoD ID Number	BRANCH OF SERVICE	STATION	
MEMBER'S CERTIFICATION (Required for members claiming dependents)				
<input type="checkbox"/> I certify that I provide adequate support (see DoD FMR Vol 7A, Chapter 26) 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 approved by AFPC-OL, Indianapolis).				
(Parents, parents-in-law, stepparents, 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 <input type="checkbox"/> YES <input type="checkbox"/> 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	

ADDITIONAL INFORMATION

OFFICIAL USE ONLY - FINANCE

☐ START
 ☐ STOP
 ☐ CANCEL
 ☐ REPORT
 ☐ CHANGE
 ☐ PARTIAL
 ☐ WITHOUT DEPENDENT
 ☐ WITH DEPENDENT

PRIMARY DEPENDENT CERTIFICATION: I have reviewed supporting document and determined that the above named individual(s) is / are dependent on the member based on being

☐ Spouse
 ☐ Single member claiming legitimate child in custody of another
 ☐ Legitimate child in single member's custody
 ☐ Stepchild
 ☐ Adopted Child
☐ Illegitimate child or
 ☐ Child, member to member marriage

SECONDARY DEPENDENT DETERMINATION / REDETERMINATION: Approved by AFPC-OL, Indianapolis, Determination letter dated:

☐ Parents
 ☐ Parents-in-law
 ☐ Stepparents
 ☐ Parents-by-adoption
 ☐ In-Loco-Parentis
 ☐ Students 21 and 22 years of age
☐ Incapacitated children over age 21
 ☐ Ward of a court

☐ AFPC has determined the above named individual(s) is / are **not** eligible to be member's dependent. Reasons for disapproval are noted here

☐ I have verified that member is E-7 or above and there is no military necessity that requires the member to reside on base

NAME / RANK / TITLE OF CERTIFYING OFFICIAL

SIGNATURE

UNIT NAME / BASE

DATE

ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise:

1. **AUTHORITY:** 37 U.S.C. 101 et seq. 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67.71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943

2. **PRINCIPAL PURPOSES:** To permit address changes for the Joint Uniform Military Pay System (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds.

3. **ROUTINE USES:** Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.

4. **DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earnings Statement, Net Pay Advices, and miscellaneous pay-related documents.

Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.

SECTION 1

NAME	Social Security #	CHECK ONE: AD <input type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/>
------	-------------------	---

NEW MAILING ADDRESS

NUMBER, STREET, PO BOX
CITY, STATE, ZIP, APO/FPO

NEW ORGANIZATIONAL ADDRESS

UNIT/OFFICE SYMBOL	DUTY PHONE	BOX NO	RNLTD	DEPARTURE DATE	EST ARR DATE
GRADE	LOCAL ADDRESS			HOME PHONE	

FORWARDING ADDRESS

SECTION 2

ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS

B O N D #1	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #2	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO
B O N D #3	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #4	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO

SIGNATURE OF MEMBER/EMPLOYEE	DATE
------------------------------	------



Initial here if
same bank as AD:

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.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> EMPLOYEE NAME <div style="border:1px solid black; width:300px; height:20px; display: inline-block;"></div> (as on payroll records) (Last, First, Initials) TELEPHONE NUMBER (WORK) <div style="border:1px solid black; width:40px; height:20px; display: inline-block;"></div> <div style="border:1px solid black; width:40px; height:20px; display: inline-block;"></div> <div style="border:1px solid black; width:40px; height:20px; display: inline-block;"></div> (HOME) <div style="border:1px solid black; width:40px; height:20px; display: inline-block;"></div> <div style="border:1px solid black; width:40px; height:20px; display: inline-block;"></div> <div style="border:1px solid black; width:40px; height:20px; display: inline-block;"></div>			
2. TYPE OF ACCOUNT <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> Checking <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> Savings		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. ROUTING TRANSIT <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> <div style="border:1px solid black; width:20px; height:20px; display: inline-block;"></div> Check Digit NUMBER ACCOUNT NUMBER <div style="border:1px solid black; width:200px; height:20px; display: inline-block;"></div> ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____	
TYPE OF PAYMENT <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> Net Pay <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> Travel <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> Other Federal employment related payments			
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.			
TYPE OF ALLOTMENT (Check One) <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> Savings (whole dollar amounts only) <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> Discretionary or Third Party		TYPE OF ACCOUNT (Check One) <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> SAVINGS <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> CHECKING	
		ACTION (Check One) <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> START <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> CANCEL <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> CHANGE	
		AMOUNT (Check One) <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> INCREASE TO: <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> DECREASE TO: New Total \$ _____	
 ALLOTTEE NAME (person/company who will receive allotment) <div style="border:1px solid black; width:300px; height:20px; display: inline-block;"></div> ALLOTTEE'S ROUTING NUMBER <div style="border:1px solid black; width:100px; height:20px; display: inline-block;"></div> <div style="border:1px solid black; width:20px; height:20px; display: inline-block;"></div> Check Digit ALLOTTEE'S ACCOUNT NUMBER <div style="border:1px solid black; width:200px; height:20px; display: inline-block;"></div> ALLOTTEE'S ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____			
5. AUTHORIZATION * _____ EMPLOYEE'S SIGNATURE _____ DATE			
6. AGENCY USE:			