

**JUNIOR RESERVE OFFICER TRAINING CORPS (JROTC) INSTRUCTOR
PAY CERTIFICATION WORKSHEET FOR ENTITLEMENT COMPUTATION**

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Chapter 102; 37 USC 403; Public Law 96-303; EO 9397.

PRINCIPAL PURPOSE: To obtain data used to determine Junior ROTC Instructor corresponding active duty entitlements. These entitlement amounts will be used in the computation of the amount to be reimbursed to the school district on behalf of that instructor.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary. Nondisclosure may result in either no, or reduced amount of, BAH, OHA, and COLA being used in the reimbursement computation. Disclosure of SSN is voluntary, however, your SSN is used as identification for pay purposes. This information will not be processed without your SSN.

INSTRUCTIONS

This form will be used to certify Basic Allowance for Housing (BAH), Overseas Housing Allowance (OHA), and Cost of Living Allowance (COLA). Part A must be completed by instructors employed within CONUS; Part A, and Section II of Part B must be completed by instructors in Alaska and Hawaii; Part A, and all of Part B must be completed by instructors employed overseas. Specific instructions are provided for several items. Supporting documentation required to be submitted with this form by each instructor is listed for each section.

PART A

BAH (Applies to CONUS and Overseas Locations)

1. NAME <i>(Last, First, Middle Initial)</i>		2. RETIRED GRADE	3. SSN	4. BRANCH OF SERVICE RETIRED FROM	
				<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY
				<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINES
				<input type="checkbox"/>	<input type="checkbox"/> COAST GUARD
5. CURRENT ADDRESS OF INSTRUCTOR					
a. STREET <i>(Include apartment or suite number)</i>		b. CITY	c. STATE	d. ZIP CODE	e. DAYTIME TELEPHONE NO. <i>(Include Area Code)</i>
6. EMPLOYING SCHOOL INFORMATION					
a. NAME AND ADDRESS OF SCHOOL <i>(Include ZIP Code)</i>			b. NAME AND ADDRESS OF SCHOOL DISTRICT <i>(Include ZIP Code)</i>		
(1) TELEPHONE NUMBER <i>(Include Area Code)</i>		(2) FAX NUMBER <i>(Include Area Code)</i>	(1) TELEPHONE NUMBER <i>(Include Area Code)</i>		(2) FAX NUMBER <i>(Include Area Code)</i>
c. SCHOOL (UNIT) IDENTIFICATION					
7. MARITAL STATUS <i>(X one)</i> <i>(If not married, go to Item 9)</i>			8. STATUS OF SPOUSE <i>(X one)</i> <i>(If Active Duty or Instructor, complete Item 8. Otherwise, go to Item 9)</i>		
<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> NON-MILITARY	<input type="checkbox"/> ACTIVE DUTY MEMBER		
<input type="checkbox"/> SINGLE	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> OTHER FEDERAL SERVICE	<input type="checkbox"/> INSTRUCTOR <i>(Junior ROTC Program)</i>		
9. IF SPOUSE IS ACTIVE DUTY OR INSTRUCTOR					
a. SSN		b. BRANCH OF SERVICE		c. DUTY LOCATION	
10a. RESIDING IN GOVERNMENT/EMPLOYER PROVIDED QUARTERS <i>(X one)</i>			b. IF YES, DO EITHER YOU OR YOUR SPOUSE PAY RENT?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
11. IF NOT MARRIED, DO YOU HAVE DEPENDENTS? <i>(X one)</i>			12. DEPENDENT STATUS <i>(X one)</i>		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> RESIDING WITH INSTRUCTOR <i>(Go to Item 13)</i>			
			<input type="checkbox"/> NOT RESIDING WITH INSTRUCTOR <i>(Complete Item 12)</i>		
13. DEPENDENT(S) ADDRESS <i>(If not residing with instructor)</i>					
a. STREET <i>(Include apartment or suite number)</i>		b. CITY		c. STATE	d. ZIP CODE

14. DEPENDENT RELATIONSHIP (Enter one of the following codes)

NOTE: If code selected is B, complete all of Item 14. If code C, K, S, T, or W, complete 14c. only. If code A, D, I, L, or R, do not complete Item 14.

WITHOUT DEPENDENT(S) I - Instructor married to instructor R - Own right (single)	WITH DEPENDENT OTHER THAN CHILD(REN) A - Spouse D - Parent (including "In Loco Parentis" which is a person who stood in place of the natural parents) L - Parent(s)-in-law	WITH DEPENDENT CHILD(REN) B - Child in legal custody of someone other than instructor C - Child in instructor's custody K - Ward S - Student (age 21 - 22)	T - Handicapped child (over age 21) W - Instructor married to instructor with dependent child(ren)
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15. IF CLAIMING DEPENDENT CHILD(REN)

a. WHO HAS CUSTODY OF CHILD(REN)?		b. IF IN CUSTODY OF FORMER SPOUSE, AND FORMER SPOUSE IS ACTIVE DUTY OR INSTRUCTOR:	
<input type="checkbox"/> INSTRUCTOR	<input type="checkbox"/> FORMER SPOUSE	<input type="checkbox"/> OTHER	
c. DATE OF BIRTH OF YOUNGEST CHILD CLAIMED AS A DEPENDENT (YYYYMMDD)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		d. IF YOU DO NOT HAVE CUSTODY, DO YOU PAY CHILD SUPPORT?	
		IF "YES", INDICATE MONTHLY AMOUNT PAID \$	

SUPPORTING DOCUMENTATION REQUIRED FOR ORIGINAL CERTIFICATION OF BAH

CERTIFICATION OF DEPENDENT(S)

- Spouse - copy of marriage certificate with seal.
- Child(ren) - copy of birth certificate with seal.
- Child(ren) not in instructor's custody - divorce decree, legal separation agreement, court order.

SECONDARY DEPENDENT(S)

- Parent(s) or parent(s)-in-law - court order of guardianship.
- Ward - Court order of guardianship.
- Student (age 21 - 22 in school) - letter from learning institution verifying full time enrollment.
- Handicapped child over age 21 - medical sufficiency statement.

VERIFICATION OF GOVERNMENT/EMPLOYER PROVIDED QUARTERS ASSIGNED

- Letter from housing office if assigned to active duty spouse, or
- Certification letter from school.

PART B

SECTION I - OHA (Applies to Overseas Locations Only)

16. ACCOMPANIED (X one)	17a. SHARER (X one)	b. IF YES, NUMBER OF SHARERS		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
18a. RENTER STATUS (X one)	b. IF RENT, LEASE DATE:			
<input type="checkbox"/> RENT <input type="checkbox"/> OTHER				
<input type="checkbox"/> OWN				
19a. MONTHLY RENT/MORTGAGE PAYMENT	b. TAXES/INSURANCE AMOUNT (If not included in monthly mortgage payment)	c. CURRENCY TYPE		
20a. UTILITIES INCLUDED IN MONTHLY RENT (X one)	b. IF "NO", LIST MONTHLY AMOUNT(S) BELOW:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	(1) WATER	(2) TRASH REMOVAL	(3) ELECTRIC	(4) GAS
21. DUTY LOCATION (City and Country)				

SUPPORTING DOCUMENTATION REQUIRED FOR OHA (Original Certification and Recertification)

- Copy of rental lease, or proof of mortgage payment amount (copy of payment coupon).
- Evidence of real estate taxes, and homeowner insurance costs, if not included in mortgage payment if renter status is "Own".

SECTION II - COLA (Applies to Overseas Locations, Alaska and Hawaii Only)

22. NUMBER OF DEPENDENTS RESIDING WITH INSTRUCTOR	23. JTR LOCATION (To be filled out by pay technician)

CERTIFICATION

I certify that the information provided is true and correct. Entitlements will not be included in the applicable pay computation without this verification and certification of eligibility.

SIGNATURE OF INSTRUCTOR	DATE SIGNED