

JROTC INSTRUCTOR ANNUAL CERTIFICATION OF PAY AND DATA FORM

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Ch. 102, Junior Reserve Officers' Training Corps; DoDI 1205.13, Junior Reserve Officer Training Corps (JROTC) Program.

PRINCIPAL PURPOSE(S): To determine the inclusive work dates of each instructor for employment period of JROTC Instructor duties.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, nondisclosure may result in no reimbursement to the school. Disclosure of the SSN is voluntary. However, the SSN is used as identification for pay purposes. This information will not be processed without the SSN.

1. INSTRUCTOR NAME <i>(Last, First, Middle Initial)</i>		2. SSN	3. SEX <i>(X one)</i> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	4. STATUS <i>(X one)</i> <input type="checkbox"/> NEW <input type="checkbox"/> RETIRE/ RETURN RESIGN
5. BRANCH OF SERVICE <i>(Retired from)</i> <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD			6. RETIRED GRADE	
7a. NAME AND ADDRESS OF SCHOOL <i>(Include ZIP Code)</i>		8a. NAME AND ADDRESS OF SCHOOL DISTRICT <i>(Include ZIP Code)</i>		
NEW ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		NEW ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
b. SCHOOL/UNIT IDENTIFICATION NUMBER		b. DISTRICT IDENTIFICATION OR AREA NUMBER		
9. CURRENT SCHOOL YEAR DATES OF WORK FOR JROTC <i>(Not required for new hires)</i>		10. UPCOMING EMPLOYMENT PERIOD DATES OF WORK <i>(You MUST complete a separate sheet for any break in contract dates.)</i>		
a. FROM <i>(YYYYMMDD)</i>	b. TO <i>(YYYYMMDD)</i>	a. BEGINNING <i>(YYYYMMDD)</i>	b. ENDING <i>(YYYYMMDD)</i>	

NOTE: Show the inclusive dates during which the individual will be performing DUTIES IN DIRECT SUPPORT OF JROTC, and for which the minimum required salary will be due. Include ONLY the period of time during which the instructor will ACTUALLY be working in support of JROTC. These dates are subject to physical verification at any time by a representative from the applicable Military Service JROTC Headquarters. The Military Service is authorized to reimburse the school for one-half the MIP unless other arrangements have been approved. Reimbursement to the school/school district is only authorized for the period of time the instructor is covered by a valid contract, and is receiving a salary equal to or greater than Minimum Instructor Pay as computed by the Military Service. This form is to be submitted within 30 days of the instructor's employment. Reimbursement will be withheld until receipt. The school must immediately notify the appropriate JROTC Instructor Pay Office of any changes to dates indicated above.

11. SCHOOL OFFICIAL		
a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. TITLE	c. TELEPHONE <i>(Include Area Code)</i>
d. SIGNATURE		e. DATE <i>(YYYYMMDD)</i>
12. INSTRUCTOR CERTIFICATION I certify that I have been hired to instruct at the above school for the inclusive work period indicated and that the salary will be for JROTC duties.		
a. INSTRUCTOR SIGNATURE		b. DATE <i>(YYYYMMDD)</i>