

Separation Finance Briefing



You will need:

- Copy of Orders
- Copy of DA31 (if applicable)
- Pen

**Doe,
John**

31 Jan,2017

**Last name,
First name.**

**Date of
Separation.**

TODAY'S DATE: _____

Separation Info Sheet

DATE OF SEPARATION: _____

(DATE OF RELEASED ON ORDERS/LAST DAY ACTIVE DUTY)

REPORT TO TRANSITION DATE: _____

NAME: _____ FIRST: _____ MI: _____

_____ GRADE: _____

PERMANENT MAILING ADDRESS: (ADDRESS NEEDS TO BE ACTIVE FOR AT LEAST 1 YR FOR W2/FINAL
LEAVE) REQUESTED INFO IS MANDATORY; DO NOT LEAVE BLANK***)

STREET: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ (PERSONAL)

EMAIL ADDRESS: _____ (PERSONAL)

ASSIGNED UNIT: _____ BN S-1/UNIT #: _____

Address
good for
one year

DJMS SUBSTANTIATING	This form will be used to support any adjustment or correction		
DOCUMENT WORKSHEET	entries that require a DJMS substantiating document.		
SECTION I: Identify Adjustment Action Taken			
NAME:	SSN:	DATE:	
Doe, John	123-45-6789	01 Jan 2017	
ITEMS OF PAY:			
PERIOD OF ADJUSTMENT:			
Cross reference: Show the document control number of the previous DJMS substantiating document for which this adjustment/correction input is made.		MMPA	
If the previous DJMS substantiating document is not available or cited, indicate source reference or documents which support the input action.			
SECTION II: Narrative Explanation/Reason for Adjustment			
Soldier Departs Island:	_____		
Dependents Depart Island:	_____	SBO1: YES / NO	
Terminate Gov't Quarters:	_____	N7: E503 / E504 / E506	
PTDY:	_____	Comments: _____	
Transition Leave:	_____	_____	



BAH Recertification

5. Where you are stationed

6. Today's Date

7. Partial: Barracks Soldiers

With Dpn:

- Children
- Civilian Spouse
- Wards, etc.

Without Dpn:

- Dual Military (no dpn on your orders)
- E6 or above not in barracks, no Dpn
- E5 and Below with CNA

9. Barracks: Adequate

All Others: Not Available

10. -List all dependents

- Address(es)
- DOB of children

11. If you listed dependents

Initial both boxes.

14. Today's date

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA)
For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)

AUTHORITY:

PRINCIPLE PURPOSE:

FINITE USE:

CLOSURE IS VOLUNTARY:

PRIVACY ACT STATEMENT

37 USC 403; Public Law 96-343; EO 9397.

To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).

To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.

Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.

1 Jan, 2017

VALUES	
MM:	TO:
<input checked="" type="checkbox"/> MEMBER ELECTION in grade E7 and	<input type="checkbox"/> COMMANDER DETERMINATION

I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods in support.

In accordance with service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect entitlement thereto for the period

EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON

My permanent duty station: My dependent's location: Both my permanent duty station and dependent's location.

a. Monthly Expenses:	Member	Dependent	b. Share/Lease Information	c. Address Information
(1) Mortgage (PITI) or Rent			(1) Rental/Residential Address:	(1) Landlord's Name and Address:
(2) Insurance			(2) Effective Date: (3) Expiration Date:	(2) Landlord's Phone No.
(3) Other			(4) Number of Sharers (show name(s) and address in block 10.)	
TOTALS				

I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement.

Important: This form is a legal document. Falsification of information on this form is punishable by court-martial. The penalty for willfully making a false claim or a false statement, or both.

CERTIFYING OFFICER'S SIGNATURE
MILAGROS J. DELGADO
IAJ, FC
COMMANDING

18. DATE

Statement of Understanding



APTS-BTB-FM
2016

DEPARTMENT OF THE ARMY
125TH FINANCIAL MANAGEMENT SUPPORT UNIT
219 GLENNAN ROAD, BUILDING 689
SCHOFIELD BARRACKS, HI 96857-5200

15 August

STATEMENT OF UNDERSTANDING

SUBJECT: Verification of Service Member/Dependent(s) Departure Prior to Date of Separation

The purpose of this statement is to inform, and acknowledge that you understand, if you depart the island prior to your date of separation, your COLA will be stopped effective the day prior to departure. To ensure your entitlements are adjusted accordingly and to prevent a debt due to overpayment of entitlements, you need to provide a flight itinerary for yourself and dependents, if applicable, upon the date of your one-on-one interview with the separation technician

If you are unable to provide a flight itinerary upon the date of interview, you must provide a copy to our office as soon as one is obtained in order to prevent an overpayment of entitlements.

If no itinerary is provided by the date of separation and no indication is made to us you/your dependents(s) are still on island, the separations section will stop our COLA entitlement effective the start date of your terminal leave/PTDY that is on file, or, if no leave taken, the date prior to your report to transition date.

I understand and acknowledge the above information.

John Doe

SIGNATURE

01 Jan 2017

DATE

Today's
Date

CHAIN OF COMMAND CONTACT INFORMATION

COMMANDER

Name: Maj. Johnson Phone# 808.655.5555
Email Address: John.Johnson.mil@mail.mil

1SG

Name: 1SG Lynch Phone# 808.555.7081
Email Address: Ing.Lynch.mil@mail.mil

PLATOON SGT

Name: SFC Calipari Phone# 859.123.4567
Email Address: Wildcats@zmail.com

SQUAD LEADER/ SPONSOR/ ESCORT

Name: Sergeant Hartman Phone# 808.655.0000
Email Address: Jackets@Fullmetal.com

Process to clear finance

- Bolded red words are specific **documentations** needed in regards to the current slide subject.
- Ask Questions throughout brief.
- Taking notes is encouraged.

ENTITLEMENTS

- Final paycheck includes:
 1. Base Pay
 2. Allowances (BAH, BAS, COLA, etc.)
 3. Accrued Leave
 4. Severance/Separation pay
- Lump sum payments (i.e. accrued leave, severance pay, separation pay) are subject to 25% withholding for federal taxes and applicable state tax withholding.

BAH at “with dependent” rate will remain the same until DOS

Soldiers receiving DUAL BAH will continue to receive BAH for their Dependents’ location. If they don’t depart the island during terminal leave and keep a current long-term lease agreement, then will continue to receive single rate BAH for Hawaii in addition to BAH for Dependents’ location.

Single soldiers residing in the barracks will receive BAH for Hawaii at the without dependent rate upon termination from the barracks which will continue until DOS. The **barracks clearing memo** is needed for this change.

- Meal deductions will stop effective the date the Soldier terminates Government quarters (barracks) or terminal leave starts.
- **Clearing memo** from the Barracks office needs to be brought in to show proof of termination.

COLA stops completely on the day prior to the SM departing the island shown on the **flight itinerary**.

If the Soldier leaves the dependents on island, COLA will still stop upon service member's departure.

Flight itinerary of dependents travel must be provided if dependents left earlier to make appropriate changes to COLA.

Single Soldiers who terminate government quarters (barracks) and take terminal leave on island, will receive the single rate COLA up until the day prior to departing the island. (Oahu)

Service members and their dependents **NOT** departing island must have the **leave address on the DA31** reflect Oahu or a **memo signed by their Commander** stating that SM will be staying on island.

ACCRUED LEAVE TO SELL

Maximum 60 days accrued leave sold in their military career.

Any combat zone leave balance remaining at separation will result in part of the accrued leave being non-taxable (only for enlisted, warrant officers and some officers who have not received the maximum non-taxable rate).

Base pay only is used in calculation.

Any unused leave will be paid on the final payment and is subject to 25% FITW and applicable SITW for lump sum payments.

If approved by their commander, Soldiers can use all their earned leave, as long as they have enough time to use it prior to their separation date.

1-29 days: company commander

30-59 days: battalion commander

60 or more days: brigade commander

PTDY and terminal leave dates must be stated in the remarks section of the leave form (block 17).

Service members must take PTDY prior to terminal leave.

Leave forms must have a control number.

Leave dates must carry you until your DOS.

Block 13 must have printed name & rank of the approving authority signing the leave form.

Use/Loose leave: You will be allowed to carry only 60 days of leave after 30 September of every year. If you do not use the days over 60 by that time they will fall off the system.

Recalculate your leave dates to make sure you are not on excess leave. This is YOUR responsibility! Verify your leave balance and ensure all leave has posted. If leave is missing from your LESs, bring a copy of the DA Form 31 with unposted leave to your final one-on-one finance interview.

CLOTHING ALLOWANCES

- Service members are entitled to a prorated amount of clothing allowance.
- Prorated on a monthly basis.

Example – Annual clothing maintenance allowance month is February. Member is separating September 1st. Member is due clothing allowance for March through September; 7 months. Annual entitlement is 12 months. Member is due 7/12 of annual clothing maintenance allowance.

DISABILITY SEPARATION (Severance)

Must be authorized on **orders** and **DD214**.

Calculation is (Basic Pay) X (2) X (number of years stated on the orders – rounded to the nearest whole year).

ie – 10 yrs, 5 mos, 29 days = 10 yrs

10 x 2 x base pay = Severance Pay

Subject to 25% FITW and applicable SITW. If combat related your transition clerk should give you a letter to turn into DFAS for a refund of taxes withheld.

FULL SEPARATION PAY

Based on the type of chapter. (Reference DoDFMR Vol.7A Chapter 35, pg 35-14)

Service member must have served a total of 6 years active service to qualify.

Must have Unique **DA 4187** (Military Service Agreement) signed by Service Member and Reserve Career Counselor prior to date of separation.

Must be authorized on **orders** and **DD214** with Honorable discharge.

Calculation is (Base Pay) X (number of months of active duty service) X (0.1)

- Subject to 25% FITW and applicable SITW

HALF SEPARATION PAY

Based on the type of chapter. (Reference DoDFMR Vol.7A Chapter 35, pg 35-14)

Service member must have served a total of 6 active years in order to qualify.

Must have Unique **DA 4187** (Military Service Agreement) signed by Service Member and Reserve Career Counselor prior to date of separation.

Must be authorized on **orders** and **DD214** with Honorable or General.

Calculation is (base pay) X (number of months of active duty service) X (0.05)

- Subject to 25% FITW and applicable SITW

Sample 4187

Copy 1

Circle the appropriate copy designator

Copy 2

Copy 3

Copy 4

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Reserve Component Career Counselor Building 690 Schofield Barracks, HI, 96857 808-655-6836	2. TO (Include ZIP Code) 125th FMSU, Separations Section Building 750 Room 102 Schofield Barracks, HI, 96857 808-655-9100	3. FROM (Include ZIP Code) SSG John S. Smith Unit Phone number
--	--	--

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) SMITH, JOHN S.	5. GRADE OR RANK/PMOS/AOC SSG	6. SOCIAL SECURITY NUMBER 000-00-0000
--	---	---

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> RCTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other: (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Military Service Agreement

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

In order to receive separation pay, I agree to serve in the Ready Reserve of a Reserve component of the Armed Forces for a period of not less than 3 years following my separation from Active Duty.

I understand that I am qualified for the Ready Reserves, upon separation from Active Duty, I will be enlisted or appointed, as appropriate, as a Reserve member by the Military Service concerned.

If I have a service obligation that is not completed at the time I am separated from Active Duty, the 3-year Ready Reserve obligation shall begin on the day after the day on which I complete my existing obligation.

If it is determined that I am not qualified for appointment or enlistment in the Ready Reserves, I will not be enlisted or appointed by the Military Service concerned and will be considered to have met this condition of eligibility for separation pay.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
 HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

Reserve Component Career Counselor

Reserve counselors have the form and can help you in the process of completing the DA 4187.

TLA

- Service members are allowed up to 10 days of TLA as long as housing approves reimbursement. TLA will be submitted to the Housing office (TLA section) and a copy will remain with the service members packet.
- TLA must be approved by the housing office
- TLA should be turned in at the Housing Office on Duck Road.

DEBTS

- Finance will take action to accelerate debts, to the maximum extent allowed per statutory authority, (to include bonus recoupment) to ensure collection in full before DOS. Soldiers will have the option to pay debt(s) on a cash collection voucher.

Allotments may be administratively terminated by finance to facilitate the liquidation of debt(s) before separation.

If you have an outstanding debt at separation, depending on the amount you might not receive a final paycheck.

BONUS RECOUPMENT

Depending on the type of chapter, enlistment and reenlistment bonus may be subject to recoupment. The collection will be calculated as a daily rate of any time not served.

Soldiers who have 90 days or less from their ETS or involuntary separated will not be subject to bonus recoupment.

Soldiers who received a bonus for joining the National Guard or Reserve components after their Active duty commitment and who decide not to sign a contract with either the Reserve or National Guard component after separation, will be subject to full recoupment of the bonus.

- Allotments will stop the month prior to the date of separation depending on when the system updates the member's separation data.
- Allotments for retirees will remain open and roll over to retired pay.

❖ PAYMENT CANNOT BE RELEASED BEFORE DOS.

❖ Expect 100% of your final pay 3-5 business days after release.

❖ *SOLDIERS WHO WILL BE PAID 80% AT DOS AND THE REMAINING 20% AT 21 DAYS AFTER DOS :

❖ Soldiers receiving Separation Pay

❖ Soldiers taking 9 days or less terminal leave

❖ Chapter Soldiers

❖ Any soldier with an open CMS case or any unresolved issue

❖ Soldiers that fail to clear finance

The bank account on record is where your final paycheck will be electronically deposited.

Any changes to your bank account, must be communicated to the finance office immediately.

Do not close your bank account for at least 1 year after DOS.

Soldiers will have “read only” access for 12 months after DOS.

PIN will not change. Prior to turning in your CAC be sure to create a username and password on MyPay.

Username and password is also needed to access SmartVoucher-Dfas.mil once separated from the Army.

Final LES will go to the address provided by SM.

LES on myPay for the month you are separating is not accurate. It will say held pay status and/or status debt, no pay due, debt, etc.

Final LES with correct information will generate 45-60 days after DOS and mailed to the address on record.

Important to give us a valid address for at least one year after separation.

- Will be mailed out by DFAS to the address that is provided to us by you.
- Make sure it is a valid address for up to one year after Separation.

❑ TSP Contributions terminate the month prior to your DOS.

Four options for TSP:

1. a) Receive a single payment. B) Monthly payments for the amount of \$3,500 or more. C) A life annuity.
2. Receive a partial payment and leave the rest in TSP until a later date.
3. Leave funds in TSP to collect payment(s) at retirement.
4. Have funds transferred to an IRA or eligible retirement plan. Any funds not accepted will be paid directly to the member.

❑ Questions or concerns contact: www.tsp.gov

Require Article 15's in the last year. (ALL PAGES)

Court Martial paperwork

SM's under a bad conduct chapter (SPD JKA, JKQ, KFS, etc.) will need to provide the **Chapter Memo** stating that they are being chaptered and the character of discharge is under General Conditions or Other Than Honorable Conditions and signed by a Colonel or a Major General.

If your orders state you will have an escort your escort **MUST** be with you during your one-on-one interview – **NO EXCEPTIONS!**

FINANCE SEPARATIONS : ONE-ON-ONE INTERVIEW

FINANCE SEPARATIONS: ONE-ON-ONE INTERVIEW

ORDERS

__ DD 214 WORKSHEET (from transitions)

AMENDMENTS TO ORDERS

__ LEAVE FORM [must be approved and have a control number)

OTHER LEAVE FORMS NOT DEDUCTED FROM LES, yr (must be signed out and signed in)

BARRACKS CLEARING MEMO

FLIGHT ITINERARY

* Flight itinerary must have SM and all dependants name listed

* If dependants left prior bring flight itinerary for when they left (regardless if paid by the Army or not)

*If leave form does NOT have a Hawaii address, Memo from Commander (CPT+) if service member and/or dependants are staying on island.

INSTALLATION AND UNIT CLEARING PAPERS

"EVERYTHING must be cleared except finance and out-processing (no exceptions)

CIF STATEMENT OF CHARGES

A.E.R. FORM

__ ALL ART 15's pages 1-6 (Get from Brigade Legal)

__ CHAPTER MEMO (signed by MG or COL)

COURT MARTIAL DOCUMENTS

4187 FROM RESERVE FOR FULL OR HALF SEPERATION PAV (IF APPLICABLE)

_ Marriage Cert/ Divorce Decree/Custody Agreement

Office Location: SSC BLDG 750 room 103

Office hours: 0930-1600; *CLOSED*: Thursdays and Holidays

For questions please call: 808-655-9100

Sign in sheet

Make sure you signed in

Put any copies of paperwork in your folder

QUESTIONS?

BLDG 750 SSC: ROOM 103

Open Mon–Wed & Fri: 0900-1500

Walk In Hours 1330-1430

Closed Thursday and
Holidays

NCOIC: SGT Blackwood

Office Number: (808) 655-9100