

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

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Section 2031; 37 U.S.C. 403 and 405; DoDI 1205.13, Junior Reserve Officer Training Corps (JROTC) Program; DoDFMR 7000.14-R, Vol. 10, Chapter 21; and E.O. 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):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices apply.

**DISCLOSURE:** Disclosure of this information is voluntary, however, failure to provide the requested information may impede, delay, or reduce the amount of BAH, OHA, and COLA to be used in the reimbursement computation.

### 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)

<b>1. NAME</b> (Last, First, Middle Initial)		<b>2. RETIRED GRADE</b>	<b>3. SSN</b>	<b>4. BRANCH OF SERVICE RETIRED FROM</b>	
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
<b>5. CURRENT ADDRESS OF INSTRUCTOR</b>					
<b>a. STREET</b> (Include apartment or suite number)		<b>b. CITY</b>	<b>c. STATE</b>	<b>d. ZIP CODE</b>	<b>e. DAYTIME TELEPHONE NO.</b> (Include Area Code)
<b>6. EMPLOYING SCHOOL INFORMATION</b>					
<b>a. NAME AND ADDRESS OF SCHOOL</b> (Include ZIP Code)			<b>b. NAME AND ADDRESS OF SCHOOL DISTRICT</b> (Include ZIP Code)		
<b>(1) TELEPHONE NUMBER</b> (Include Area Code)		<b>(2) FAX NUMBER</b> (Include Area Code)		<b>(1) TELEPHONE NUMBER</b> (Include Area Code)	
<b>c. SCHOOL (UNIT) IDENTIFICATION</b>					
<b>7. MARITAL STATUS</b> (X one) (If not married, go to Item 9)			<b>8. STATUS OF SPOUSE</b> (X one) (If Spouse is Active Duty or JROTC Instructor, complete Items 8 and 9.)		
<input type="checkbox"/> MARRIED		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> NON-MILITARY	
<input type="checkbox"/> SINGLE		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> ACTIVE DUTY MEMBER	
			<input type="checkbox"/> OTHER FEDERAL SERVICE		
			<input type="checkbox"/> INSTRUCTOR (Junior ROTC Program)		
<b>9. IF SPOUSE IS ACTIVE DUTY OR INSTRUCTOR</b>					
<b>a. SSN</b>		<b>b. BRANCH OF SERVICE</b>		<b>c. DUTY LOCATION</b>	
<b>10a. RESIDING IN GOVERNMENT/EMPLOYER PROVIDED QUARTERS</b> (X one)			<b>b. IF YES, DO EITHER YOU OR YOUR SPOUSE PAY RENT?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>11. IF NOT MARRIED, DO YOU HAVE DEPENDENTS?</b> (X one)			<b>12. DEPENDENT STATUS</b> (X one)		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> RESIDING WITH INSTRUCTOR (Go to Item 14)		
			<input type="checkbox"/> NOT RESIDING WITH INSTRUCTOR (Complete Item 13)		
<b>13. DEPENDENT(S) ADDRESS</b> (If not residing with instructor)					
<b>a. STREET</b> (Include apartment or suite number)		<b>b. CITY</b>		<b>c. STATE</b>	<b>d. ZIP CODE</b>

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

**NOTE:** If code selected is B, complete all of Item 15. If code C, K, S, T, or W, complete 15c. only. If code A, D, I, L, or R, do not complete Item 15.

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

**15. IF CLAIMING DEPENDENT CHILD(REN)**

<b>a. WHO HAS CUSTODY OF CHILD(REN)?</b>		<b>b. IF IN CUSTODY OF FORMER SPOUSE, AND FORMER SPOUSE IS ACTIVE DUTY OR INSTRUCTOR:</b>	
<input type="checkbox"/> INSTRUCTOR	<input type="checkbox"/> FORMER SPOUSE	<input type="checkbox"/> OTHER	
		(1) SSN	(2) DUTY LOCATION
<b>c. DATE OF BIRTH OF YOUNGEST CHILD CLAIMED AS A DEPENDENT (YYYYMMDD)</b>		<b>d. IF YOU DO NOT HAVE CUSTODY, DO YOU PAY CHILD SUPPORT?</b>	
		<input type="checkbox"/> YES	IF "YES", INDICATE MONTHLY AMOUNT PAID
		<input type="checkbox"/> NO	\$

**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)

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

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

<b>22. NUMBER OF DEPENDENTS RESIDING WITH INSTRUCTOR</b>	<b>23. JTR LOCATION</b> (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.

<b>SIGNATURE OF INSTRUCTOR</b>	<b>DATE SIGNED</b>