

SEPARATION / RETIREMENT OUT-PROCESSING **FORM/QUESTIONARE****PART A - IDENTIFICATION & DUTY LOCATION**

1A. NAME (Last, First, MI):	2A.GRADE:	6A. LOCATION (Base, State, Zip):
3A.DATE OF SEPARATION:		7A. UNIT
4A. SSN:		8A.EMAIL ADDRESS(Civilian):
5A. FINAL OUT:		9A. PHONE NUMBER (Civilian):

PART B - LEAVE INFORMATION

<p>1B. Are you taking any Terminal and/or Permissive Leave?</p> <p style="text-align: center;">*If so, provide the dates and number of days..</p> <p>Permissive: Start: _____ Stop: _____ Number of days: _____</p> <p>Terminal: Start: _____ Stop: _____ Number of days: _____</p> <p>Skillbridge: Start: _____ Stop: _____ Number of days: _____</p> <p>2B. Leave Status (Commander Approved?) _____</p> <p>3B. Are you going from Active Duty to AGR? _____</p> <p>*If so, are you planning on transferring your leave? _____ *AGR Start date _____</p>	<p style="text-align: center; border: 1px solid green; margin-bottom: 5px;">FSO USE ONLY</p> <div style="border: 2px dashed red; height: 80px; margin-top: 10px;"></div> <p>FSO Signature: _____</p>
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PART C - DEPENDENT INFORMATION

1C. MARITAL/DEPENDENT STATUS		2C. IF YOUR SPOUSE IS A MILITARY MEMBER COMPLETE THIS SECTION		
<input type="checkbox"/> SINGLE, NO DEPENDENTS	<input type="checkbox"/> MARRIED - SPOUSE IS A CIVILIAN			
<input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)	<input type="checkbox"/> MARRIED - SPOUSE IS A MILITARY MEMBER <i>(Proceed to Part 2c)</i>			
<input type="checkbox"/> DIVORCED _____ <i>(Date)</i>	<input type="checkbox"/> LEGALLY SEPARATED _____ <i>(Date)</i>			
		LAST NAME	FIRST NAME	MI
		_____	_____	_____
		SSN	BRANCH OF SERVICE	DATE OF MARRIAGE
		_____	_____	_____

3C. FOR NON-CUSTODIAL PARENTS

I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR ☐ \$ _____ .00 PER MONTH FOR DEPENDENT SUPPORT

*BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

4C. MEMBER CERTIFICATION (FOR MEMBER'S WITH DEPENDENTS

I ☐ CLAIM BAH FOR THE DEPENDENT ☐ IN ☐ NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date):
 Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent).

(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB

☐ I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) 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

PART D - CHECK LIST

Read the following carefully and initial:

- 1D. I understand that it is my responsibility to make sure my terminal and/or Permissive leave request is accurate
- 2D. If I take terminal and/or permissive leave I will make sure it is approved by the commander
- 3D. I have complete all items listed on the Separation/Retirement Finance Checklist
- 4D. I understand that if I do not complete the items on this form/checklist it may delay my Separation/Retirement process.
- 5D. I have reviewed my Leave Web history and verified that there is no unreconciled leave. (Open or Rejected Leave)
- 6D. I have reviewed my LES and made sure that, if I have requested manual leave (Hard-copy 988) that leave has posted to my pay record.
- 7D. I understand that a debt can formulate if any of the information provided by me is incorrect and/or incomplete, and that this may happen due to excess leave and/or any unresolved balance on my GTC and/or unresolved debts.
- 8D. I acknowledge that if a debt is created, it will be an out of service debt and I am to contact the agency that I receive the notice from.
- 9D. I understand that I can contact my servicing financial office to obtain some records pertaining to my Retirement/ Separation but out of service debts cannot be resolved at base level.
- 10D. If I am transferring to AGR, with no break in service, I understand that my gaining unit is responsible for gaining me as soon as possible to avoid payment interruptions.
- 11D. I understand that if I wish to change my direct deposit I may do so via MyPay.

PART E - DIRECT DEPOSIT VERIFICATION

1E. Type of account		2E. Routing:		Check Digit	3E. Account Number:		4E. FINANCIAL INSTITUTION NAME	
Checking	Savings							

PART F- STATEMENT OF UNDERSTANDING

ONCE YOU HAVE RECEIVED YOUR SEPARATION/ RETIREMENT ORDERS PLEASE SCHEDULE AN APPOINTMENT WITH FINANCE. THEY ARE HELD MONDAY THROUGH FRIDAY 0900, 0915, 0930 AND 0945. MAKE SURE TO CALL THE FINANCE OFFICE AT DSN:896-7028/3156 TO CHECK AVAILABLE DATES AND TIMES. PLEASE SEND COMPLTE PACKET ALONG WITH YOUR ORDERS VIA EMAIL TO 56CPTS.FMCCUSTOMERS@US.AF.MIL AT LEAST 24 HOURS BEFORE YOUR APPOINTMENT.**PLEASE MAKE SURE THAT THE ABOVE IS COMPLETE BEFORE CALLING.**

*I _____ have read and completed this checklist in it's entirety and I certify that the information I have provided is accurate to my knowledge.

SIGNATURE: _____ DATE: _____

PART G- FINAL SIGNATURES

PLEASE MAKE SURE YOU SIGN AF FORM 594 AND FMS FORM 11-92 (PAGE 2 AND PAGE 4) BEFORE SENDING TO FINANCE.

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, EQ 9397

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 personnel housing.

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on 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 to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH

PART A - IDENTIFICATION & DUTY LOCATION

1. NAME (Last, First, MI)

2. SSN

3. GRADE

4. PHONE

5A. DUTY LOCATION (Base, State, ZIP Code or Country)

5B. E-MAIL ADDRESS

LODGING OFFICIAL

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS

QUARTERS ARE NOT ASSIGNED ☐ DATE:

ADEQUATE QUARTERS ☐ ASSIGNED ☐ TERMINATED
EFFECTIVE DATE: UNIT #

INADEQUATE QUARTERS ☐ ASSIGNED ☐ TERMINATED
EFFECTIVE DATE: UNIT #

TRANSIENT QUARTERS OCCUPIED - UNIT #

EFFECTIVE DATES FROM:

TO:

PART B - MARITAL/DEPENDENT STATUS

6 ☐ SINGLE, NO DEPENDENTS ☐ SINGLE, CLAIMING DEPENDENT(S)

MARRIED - SPOUSE IS A ☐ CIVILIAN ☐ MILITARY MEMBER

IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:

☐ DIVORCED ☐ LEGALLY SEPARATED

(Date)

(Date)

TITLE

SIGNATURE

Click to sign

DATE

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR ☐ \$.00 PER MONTH FOR DEPENDENT SUPPORT

BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I ☐ CLAIM BAH FOR THE DEPENDENT ☐ IN ☐ NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date):

Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. 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

SSN

BRANCH OF SERVICE

STATION

PART C - MEMBER'S CERTIFICATION (For members with dependents)

☐ I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) 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 sent to DFAS-IN for determination).

(Parents, parents-in-law, stepparents, parents-by-adoption, 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 ☐ YES ☐ 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
 ☐ CHANGE
 ☐ CANCEL
 ☐ REPORT
 ☐ STOP
 ☐ PARTIAL
 ☐ WITHOUT DEPENDENT
 ☐ WITH DEPENDENT

PRIMARY DEPENDENT CERTIFICATION: I have determined that the above named individual is 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

☐ 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

☐ I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. 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

TITLE OF CERTIFYING OFFICIAL

SIGNATURE

OFFICE ADDRESS

DATE

Click to sign

FAST START

DIRECT DEPOSIT

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

EMPLOYEE NAME
(as on payroll records)
(Last, First, Initials)

TELEPHONE NUMBER (WORK) (HOME)

2. TYPE OF ACCOUNT

- ☐ Checking
☐ Savings

TYPE OF PAYMENT

- ☐ Net Pay
☐ Travel
☐ Other Federal employment related payments

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 NUMBER Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE _____
(Account Holder's Name)

FINANCIAL INSTITUTION NAME _____

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)

- ☐ Savings (whole dollar amounts only)
☐ Discretionary or Third Party

TYPE OF ACCOUNT (Check One)

- ☐ SAVINGS
☐ CHECKING

ACTION (Check One)

- ☐ START
☐ CANCEL
☐ CHANGE

AMOUNT (Check One)

- ☐ INCREASE TO:
☐ DECREASE TO:
New Total \$ _____

ALLOTTEE NAME
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name) _____

FINANCIAL INSTITUTION NAME _____

5. AUTHORIZATION



EMPLOYEE'S SIGNATURE

DATE

6. AGENCY USE:

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

1. EMPLOYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
ACCOUNT NUMBER (your account number at your financial institution)
ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

The diagram shows a check with the following fields and labels:

- 3** points to the **NAME OF DEPOSITOR** field, which includes **STREET ADDRESS** and **CITY, STATE**.
- 101** is the **CHECK NUMBER**.
- 19** is the **DATE**.
- PAY TO THE ORDER OF:** is the **ACCOUNT TITLE** field.
- \$** is the **AMOUNT** field.
- DOLLARS** is the **CURRENCY** field.
- 4** points to the **NAME OF YOUR BANK** field.
- 5** points to the **Payable Through Another Bank** field.
- For** is the **ACCOUNT NUMBER** field.
- 123 456 789** is the **ROUTING NUMBER**.
- 0101** is the **CHECK NUMBER**.

Below the check, the fields are labeled:

- ROUTING NUMBER** (1)
- ACCOUNT NUMBER** (2)
- CHECK NUMBER**

1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol **■ ■ ■** appears on the check or card.)
3. ACCOUNT TITLE (must include employee name)
4. FINANCIAL INSTITUTION NAME
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.)

Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)

ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)

AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.

ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.

ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.

FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.

SEPARATION / RETIREMENT OUT-PROCESSING CHECKLIST

FINANCE OFFICE USE ONLY

PART A - MEMBER'S IDENTIFICATION INFORMATION

1.NAME(Last, First, MI):	2.GRADE:	6.LOCATION (Base, State, Zip)
3.DATE OF SEPARATION:	7.UNIT	
4.SSN:	8.EMAIL ADDRESS (Civilian):	

PART B - MEMBER'S LEAVE INFORMATION

FSO Notes						Information Provided by member		
1B. Does the members orders authorize Permissive leave?						Permissive: Start: _____ Stop: _____ Number of days _____		
2B. Is there unreconciled (i.e Open, Re ected, Draft) in LeaveWeb?						Terminal: Start: _____ Stop: _____ Number of days _____		
YES NO						Skillbridge: Start: _____ Stop: _____ Number of days _____		
YES NO						*Leave Status: _____		
*(If so list the dates, type of leave, authorization numbers, and number of days.)						*Is the member Transferring to an ACTIVE GUARD RESERVE (AGR) Unit? _____		
First	Last	Days	Type	Status	Leave	*Is the member Transferring their leave? _____ *AGR start date: _____		

PART C - MEMBER'S DEPENDENT STATUS

FSO Notes		Information Provided by member	
1C. Members FID 35 in MMPA :	_____	<input type="checkbox"/> SINGLE, NO DEPENDENTS	<input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)
2C. Members MMPA match 594?	YES NO	MARRIED - SPOUSE IS A	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER

PART D - FMF FINAL OUT

1D. Does the member have a debt on MMPA? YES NO If so, was a debt letter sent? YES NO N/A Debt amount: _____

2D. Does the member have and open CMS Case? YES NO CMS Case _____

3D. Leave days accrued at DOS: _____ Terminal and/or Re ected leave: _____

4D. Has the member been signed off of Virtual vMPF? YES NO

ADDITIONAL NOTES

Finance Rep Name: _____ Grade: _____ Signature: _____

PART E- DOS MINUS 30 - 10 DAYS

1E. Posted E53 Date: _____ *If E53 has not been submitted, contact FSS to input transaction.

4E. Has an N7/NT Posted? YES NO

2E. Does the member have an open CMS Case? YES NO CMS Case _____

5E. Are there any open Management Notices? YES NO

3E. Has there been an LH change? YES NO If so has an LH04 been Processed? YES NO

Finance Rep Name: _____ Grade: _____ Signature: _____

PART F- DOS MINUS 9 DAYS

1F. Complete AF 350 (Final Pay comp). COMPLETE

3F. Verify that all Debts and entitlement changes has posted.

2F. Is the member entitled to Severance Pay ? YES NO Months of Service: _____

4F. Is an ST04 needed? YES NO Date of ST04: _____

Finance Rep Name: _____ Grade: _____ Signature: _____

PART G-DOS MINUS 4DAYS

1G. If E5 has not been submitted, contact FSS to input transaction. Date Posted: _____

3G. Re-comp and verify AF Form 350. COMPLETE

2G. Does the member have and open CMS Case? YES NO CMS Case _____

4G. Has the NT Line changed? NT Amount: _____

Finance Rep Name: _____ Grade: _____ Signature: _____

PART H-DOS

1H. Reconciled all leave 2H. Input Payment In PBB 3H. Payment Date: _____ 4H Voucher : _____

Finance Rep Name: _____ Grade: _____ Signature: _____



DEPARTMENT OF THE AIR FORCE
56TH FORCE SUPPORT SQUADRON (AETC)
LUKE AIR FORCE BASE, ARIZONA

MEMORANDUM FOR 56 CPTS/FMFPM

FROM: 56 FSS/FSPD

SUBJECT: Clearance of Separation/Retirement Military Pay Account

1. _____ (Name, Grade) is separating or retiring from the USAF effective _____ (day, month, year).
2. Member has been directed to out-process finance NET 10 days prior to their departure date if taking terminal leave/PTDY (30 days prior to their DOS if they are not taking terminal leave/PTDY).
3. Member will not be allowed to out-process the base without being cleared by finance.

//SIGNED//

CHARISSA S. WILLIAMS, MSgt, USAF
Section Chief, Career Development

1st Ind, 56 CPTS/FMFPM

TO: 56 FSS/FSMPD

FSO signature is not an acknowledgment the member has satisfied all debts to the US Air Force, but merely indicates the member cleared through the FSO-Military Pay section and the checklist was reviewed. Member is released to out-process. Day's accrued leave sold for current period of service (not for member's career) is _____.

(Finance Rep Name/Grade/Sign/Date)