

Attachment

Sample Request for Estimated Military Earnings

Estimated Earnings During Military Service

Instructions: Use a separate RI 20-97 for each branch of service. Attach DD 214 or the equivalent and any available records of pay or promotions. The pay center cannot provide estimated earnings without verification of service. The requester must complete blocks 1 through 10 and block 19. Pay center addresses are on the reverse.

1. Name (Last, first, middle) Joseph, Adam C.	
2. Other names used	
3. Social Security Number 123-45-6789	4. Date of Birth 08/01/1955
5. All military service numbers 123456789	
6. Branch of service Navy	

The uniformed services must provide Federal employees' estimated basic pay for military service they performed after December 31, 1956. This is needed to make a deposit to the Civil Service Retirement and Disability Fund for retirement credit. Please provide the estimated basic pay earned by the person named above.

7. Signature of requester		8. Relationship to person named <input type="checkbox"/> Person named is requester <input type="checkbox"/> Other (specify): <input type="checkbox"/> Survivor		9. Date 12/08/2003	
10. Active military service after December 31, 1956 (Dates indicated below must be based on DD 214 or equivalent certification)		11. Authorized Official or Retired Pay Center completes blocks 11 through 18. Estimated Earnings (Base Pay) Do not provide estimated earnings for any period of service prior to January 1, 1957.			
From (mm/dd/yyyy)	To (mm/dd/yyyy)	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Rate of Basic Pay	Earnings
11/01/2001	07/01/2003				
<i>I'm requesting estimated military earnings for only a portion of my active military duty, please see attached note.</i>					
12. If period of service began before and ended after December 31, 1956, enter date service actually began. (mm/dd/yyyy)		13. Lost time <input type="checkbox"/> None <input type="checkbox"/> Number of days _____ <input type="checkbox"/> Inclusive From To From To dates (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)			
14. Signature of authorized official furnishing estimate		15. Date		16. Telephone number (including area code)	
17. Typed name of authorized official		18. Title of authorized official			
19. Requester's name and address (Return this completed form to address below)					
Adam Joseph 123 Maple Street Austin, MD 21234					

December 8, 2003

To Whom It May Concern:

Please provide me with estimated earnings for the period(s) noted below. I received civilian pay subject to retirement deductions during my active military duty. I do not have to pay a deposit for the time covered by my civilian pay. The period(s) noted below represents the portion of my active military duty not covered by civilian pay.

Thank you.

Adam Joseph
123 Maple Street
Austin, MD 21234

Active Military Duty Not Covered by Civilian Pay	
From	To
11/01/2001	09/14/2002
10/15/2002	07/01/2003