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
   □ Person named is requester
   □ Other (specify): 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.

<table>
<thead>
<tr>
<th>From (mm/dd/yyyy)</th>
<th>To (mm/dd/yyyy)</th>
<th>Rate of Basic Pay</th>
<th>Earnings</th>
<th>Type of Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/2001</td>
<td>07/01/2003</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   I’m requesting estimated military earnings for only a portion of my active military duty, please see attached note.

12. If period of service began before and ended after December 31, 1956, enter date service actually began. (mm/dd/yyyy)

13. Lost time
   □ None  □ Number of days ____________________________
   □ Inclusive From dates (mm/dd/yyyy) To (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

BAL 03-105 Attachment

June 24, 2003
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

<table>
<thead>
<tr>
<th>Active Military Duty Not Covered by Civilian Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
</tr>
<tr>
<td>11/01/2001</td>
</tr>
<tr>
<td>10/15/2002</td>
</tr>
</tbody>
</table>