

DEPARTMENT OF THE ARMY
GEORGIA ARMY NATIONAL GUARD
RECRUITING AND RETENTION BATTALION
5019 GEORGIA HIGHWAY 42, ROOM 202
ELLENWOOD, GEORGIA 30294-3438

GA-G1-R

1 November 2009

MEMORANDUM THRU

~~Commander, 2nd Regional R&R Task Force (ATTN: MAJ First Name, Middle Initial, Last Name)~~ 5019 Georgia Highway 42, Room 202, Ellenwood, Georgia 30294-3438 *J.C.M. 3 Nov 2009*

~~Commander, Recruiting and Retention Brigade (ATTN: LTC First Name, Middle Initial, Last Name)~~ 5019 Georgia Highway 42, Room 202, Ellenwood, Georgia 30294-3438 *B.J.C. 5 Nov 2009*

~~Chief of Staff (ATTN: COL First Name, Middle Initial, Last Name)~~ 5019 Georgia Highway 42, Ellenwood, Room 212, Georgia 30294-3438 *R.B.T. 7 Nov 09*

For Human Resources Office (ATTN: CW2 First Name, Middle Initial, Last Name) HRO-AGR, 5019 Georgia Highway 42, Room 209, Ellenwood, Georgia 30294-3438

SUBJECT: Application for Voluntary Retirement

1. This memorandum is to serve as my official request to resign from the Georgia Army National Guard ACTIVE Guard and Reserve Program as a Recruiting and Retention Noncommissioned Officer. I feel it is in my best interest and that of the command that I resign with the effective date of 6 February 2010.
2. I request to return to M-Day status and be transferred to 1230th Transportation Company (-) (WQVAFF), 510 Louise Street, Bainbridge, GA 39819-4672, Paragraph 110 / Line 14.
3. Based on my accrued leave balance of 90 days, I am requesting terminal leave beginning on 9 November 2009 and ending on 6 February 2010.
4. Point of contact for this information is the undersigned at (706) 222-3344.

Christy J. Pringles
CHRISTY J. PRINGLES
SFC, GA ARNG
Recruiting and Retention NCO

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions on reverse.)				9496	
PART I					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK	5. DATE
PRINGLES, CHRISTY J.		999-88-7777		SFC	20091101
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)			7. TYPE OF LEAVE		8. ORGN. STATION, AND PHONE NO.
5960 ANSBACH AVENUE SAVANNAH, GA 33111 (706) 222-3344			<input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER TERMINAL LEAVE		GA ARNG REC & RET BDE SAVANNAH, GA 30333 (706) 111-2233
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
90	90			20091109	20100206
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
<i>Christy J. Pringles</i>		<input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <i>Vicki W. Ponder</i>		<i>Nix V. Blue</i> BLUE, NIX, V., MAJ, FI, AO	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
20091109	0001	HAMS, TIM E, SFC, LEAVE CONTROL CLERK <i>Tim E. Hams</i>			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
20100206	2400	HAMS, TIM E, SFC, LEAVE CONTROL CLERK <i>Tim E. Hams</i>			
17. REMARKS					
Chargeable leave is from 20091109 to 20100206					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP					
<input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER	
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

UNIT CLEARANCE RECORD

For use of this form, see AR 600-8-101; the proponent agency is DCS, G1

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Section 301, Title 5, USC.

AUTHORITY: To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement.

ROUTINE USES: To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment before the soldier's transition from active duty, separation or retirement. Forms will not be disclosed outside the Department of Defense (DoD) and sponsored agencies.

DISCLOSURE: Disclosure is voluntary; however, failure to complete this form may result in only partial payment of final pay.

INSTRUCTIONS TO THE SOLDIER: This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. You are responsible for ensuring that this checklist is completed properly. If you are transitioning from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving only 55 percent of your final pay pending verification by DFAS of any outstanding debts. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed.

TO THE UNIT COMMANDER/BN S1: This soldier is scheduled to PCS or transition from the Active Army. We need your assistance to ensure proper installation clearance and computation of the soldier's final leave and pay entitlements. Identify all actions within the last 60 days before the soldier's departure date and complete the items below. Failure to provide this information will cause the withholding of 45 percent of the soldier's final pay at transition, pending DFAS final verification of outstanding transactions.

SECTION A - PERSONNEL DATA (To be completed by the commander, BNS1, out-processing center, or appointed official)

1. NAME PRINGLES, CHRISTY JOY	2. RANK SFC	3. SSN 999-88-7777	4. ORDERS NO.
5. GAINING UNIT GA ARNG RECRUITING & RETENTION BRIGADE	7. DATE OF ORDERS (YYYYMMDD)		
8. REASON FOR CLEARING <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> OTHER (Specify) Resignation	9. DEPARTURE DATE (YYYYMMDD) 20100206		

SECTION B - DEBT VERIFICATIONS

a. DUTY STATUS <i>Indicate all leave, TDY, hospitalization, field duty, lost time, AWCL, and confinement within 60 days prior to issuance of the clearance forms.</i>	b. TYPE OF ABSENCE	c. LOG NUMBER OR ORDER NUMBER <i>(When Applicable)</i>	d. START DATE (YYYYMMDD)	e. RETURN DATE (YYYYMMDD)

SECTION C - ADVERSE ACTIONS

a. ADVERSE ACTIONS <i>All that have occurred within 60 days prior to issuance of clearance forms. Include UCMJ actions, courts martial, administrative reductions, and administrative discharges.</i>	b. TYPE OF ACTION	c. DATE OF SOURCE DOCUMENT (YYYYMMDD)	d. PUNISHMENT	e. EFFECTIVE DATE (YYYYMMDD)	f. COMPLETION DATE (YYYYMMDD)

SECTION D - PROPERTY ACCOUNTABILITY AND PAY ITEMS

12. PROPERTY ACCOUNTABILITY

12a. STATEMENT OF CHARGES/ CASH COLLECTION VOUCHER REPORT OF SURVEY

12b. DATE OF SOURCE DOCUMENT (YYYYMMDD) _____ 12d. DISPOSITION _____

12c. AMOUNT _____

13. PAY ITEMS (Check all that apply)

BAS BAH COLA OHA FSA IDP CPP SDAP

OTHER (Specify) _____

13a. INCENTIVE PAY (Specify Type) _____ 13b. ENLISTMENT BONUS REENLISTMENT BONUS

SECTION E - BATTALION/UNIT CLEARANCE ITEMS. A check by an item confirms that the item has been verified and that necessary action has been taken.

14. BN S1/UNIT COMMANDER VERIFYING OFFICIAL

a. TYPE OR PRINT NAME: FARR, KENNETH D.

b. SIGNATURE: *Kenneth D. Farr*

c. DATE (YYYYMMDD): 20090901

DA Form 31

Family Care Plan

DD Form 2648

DOD Travel Charge Card

Flagged

Weight Control Program

PROFIS Duty Position

Duty Roster

Physical Profile

Personnel Register

Change of Address Form

TRICARE Dental Program

Exceptional Family Member Program

15. BN S2/3/UNIT COMMANDER VERIFYING OFFICIAL

a. TYPE OR PRINT NAME: CEILING, WILLIAM G.

b. SIGNATURE: *William G. Ceiling*

c. DATE (YYYYMMDD): 20090902

Security Briefing/Debriefing

Weapons Qualification

Training Room

APPT

Training Records

PERSTEMPO Verification Sheet

Security Clearance

Antiterrorism Briefing

16. BN S4/UNIT COMMANDER VERIFYING OFFICIAL

a. TYPE OR PRINT NAME: HOPPER, CECIL K.

b. SIGNATURE: *Cecil K. Hopper*

c. DATE (YYYYMMDD): 20090903

Supply Room

Arms Room

NBC Room

Protective Mask Inserts

Motor Pool

17. OTHER

a. OTHER CLEARANCES

b. TYPE OR PRINT NAME

c. SIGNATURE

d. DATE (YYYYMMDD)

Career Counselor

18. REMARKS

19. SOLDIER'S AUTHENTICATION

a. TYPE OR PRINT NAME: PRINGLES, CHRISTY J.

b. SIGNATURE: *Christy J. Pringles*

c. DATE (YYYYMMDD): 20090901

20. COMMANDER/BN S1 AUTHENTICATING OFFICIAL

a. TYPE OR PRINT NAME: NESWICK, ROGER W.

b. SIGNATURE: *Roger W. Neswick*

c. DATE (YYYYMMDD): 20090904

Text Version: **myPay** Help Home Exit

Printer Friendly Version

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LESSs 0909



DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT

ID	NAME (Last, First, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED
	PRINGLES, CHRISTY J	999-88-7777	E7	810714	28	110228	ARMY	4913	1-30 SEP 09

ENTITLEMENTS		DEDUCTIONS		ALLOTMENTS		SUMMARY	
Type	Amount	Type	Amount	Type	Amount	+Amt Fwd	
A	BASE PAY 4521.00	FEDERAL TAXES	444.95			+Tot Ent	5985.87
B	BAS 323.87	FICA-SOC SECURITY	280.30			-Tot Ded	3527.33
C	BAH 1141.00	FICA-MEDICARE	65.55			-Tot Allt	.00
D		SGLI	27.00			=Net Amt	2458.54
E		STATE TAXES	243.96			-Cr Fwd	.00
F		SGLI FAM/SPOUSE	7.00			=EOM Pay	2458.54
G		MID-MONTH-PAY	2458.57				
H							
I							
J							
K							
L							
M							
N							
O							
TOTAL							
	5985.87		3527.33				.00

DIEMS	RETPLAN
0	

LEAVE	BF Bal	Emd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose	FED TAXES	Wage Period	Wage YTD	M/S	Ex	Add'l Tax	Tax YTD
	66.5	17.5	11	73.0	115.5	.0	.0	.0		4521.00	40689.00	M	00	.00	4137.95
FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St	Wage Period	Wage YTD	M/S	Ex	Tax YTD			
	4521.00	40689.00	2522.70	40689.00	589.95	GA		4521.00	40689.00	S	00	2195.64			
PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN		
	SINGLE	SPOUSE	30294	800.00	1	R		0			.00		B2NGUARD		
THRIFT SAVINGS PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current							
	0	.00	0	.00	0	.00	0	.00							
	TSP YTD Deductions			Deferred		Exempt									
	.00			.00		.00									

REMARKS: **YTD ENTITLE 53872.83** **YTD DEDUCT 9752.24**

IF TSP ELECTION AMT EXCEEDS NET AMT DUE, TSP WILL NOT BE DEDUCTED.

-ACCESS TO HEALTHCARE BEGINS WITH DEERS ENROLLMENT. IF YOUR FAMILY MEMBERS ARE NOT ENROLLED, VISIT YOUR PERSONNEL OFFICE IMMEDIATELY.

-EFF 1 OCT 09, THE ARMY WILL PAY UP-FRONT TUITION COSTS FOR ALL APPROVED COURSES. LEARN MORE AT GOARMYED.COM OR CONTACT YOUR LOCAL EDUCATION CENTER.

-BEWARE OF "FEES" FOR EDUCATION & POST 9/11 GI BILL COUNSELING. SERVICES ARE FREE AT YOUR LOCAL EDUCATION CENTER.

-AC ENLISTED SOLDIERS MUST NOTIFY THEIR CAREER COUNSELOR WHEN THEY SUBMIT A REQUEST TO TRANSFER POST 9/11 GI BILL

BENEFITS.

-MEMBERS WITH LARGE FAMILIES & QUALIFYING INCOME MAY BE ELIGIBLE FOR MONTHLY ENTITLEMENTS THROUGH THE FAMILY SUBSISTANCE SUPPLEMENTAL ALLOWANCE PROGRAM. VISIT [HTTP://WWW.DMDC.OSD.MIL/FSSA](http://www.dmdc.osd.mil/fssa).

USED LEAVE BALANCE ADJUSTED.

CURRENT MONTH LEAVE BALANCE ADJUSTED.

USED LEAVE BALANCE ADJUSTED.

CURRENT MONTH LEAVE BALANCE ADJUSTED.

CHARGE LEAVE 090731-090731(250)

CHARGE LEAVE 090818-090821(250)

BAH BASED ON W/O DEP, ZIP 30294

BANK WACHOVIA BANK NA

ACCT # 1: