



# Request for Military Duty Pay

## Instructions:

- Step 1 ~** Complete the form below filling in your name and Single Sign On (SSO). Carefully select the purpose of duty and fill in the appropriate dates and military pay sections.
- Step 2 ~** Submit the form to the appropriate commissioned military officer for certification.
- Step 3 ~** Attach copies of your official military orders and military pay stub. (Must submit both in order to receive payments)
- Step 4 ~** Submit a copy of your completed form and attachments to your HR Manager and Payroll at:

[Payroll.military@ge.com](mailto:Payroll.military@ge.com) OR  
 ~corp payroll military (GAL)  
 FAX to 1-239-418-5050

**GE Payroll**  
**P.O. Box 60300**  
**Mailstop 1E**  
**Ft. Myers, FL 33906**

Questions may be directed to the GE Payroll Center at 1-800-315-1082

\_\_\_\_\_  
 Employee Name (Please Print)

\_\_\_\_\_  
 Single Sign On (SSO)

## Purpose of Duty:

- Called-up/activated for active military duty (Non-voluntary) (Fill in military pay section "A" below)
- Voluntary enlistment for active military duty. (No pay information required below)
- Reservist attending annual training or summer encampment.\*\* (Fill in military pay section "B" below)

\*\*Please note: If, after training, you are assigned to active duty you will need to submit a new Request for Military Pay form along with your new orders and military pay stub to ensure that you receive your proper differential payment.

## Dates:

\_\_\_\_\_  
 Orders Issued

\_\_\_\_\_  
 Duty Begins

\_\_\_\_\_  
 Duty Ends

## Military Pay:

**A****B**

Monthly Base Pay	\$ _____	Military Pay Frequency
Monthly Longevity Pay	\$ _____	<input type="checkbox"/> Monthly
Monthly Flight Pay	\$ _____	<input type="checkbox"/> Bi-weekly
Monthly Sea Duty Pay	\$ _____	<input type="checkbox"/> Weekly
<b>TOTAL PAY</b>	<b>\$ _____</b>	

Daily Base Pay	\$ _____
Total Weekdays Served (M-F)	_____
Total Weekend Days Served	_____

## Certification:

I hereby certify that I have received military orders for the purpose, dates and pay indicated above and request payment of my military differential and/or lump sum payment. Copies of my official orders and military pay stub are attached. I understand that I must immediately inform payroll in writing at the above address, of any change in my status and that any misrepresentation of the above purpose, dates or pay may result in disciplinary action up to and including termination.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Single Sign On (SSO)

\_\_\_\_\_  
 Date

I certify that the person named above has received military orders for the purpose, dates and pay indicated.

\_\_\_\_\_  
 Signature ~ Commissioned Officer

\_\_\_\_\_  
 Service Branch

\_\_\_\_\_  
 Date