

991-0085 B

**VERIFICATION OF SERVICE, PAY & ALLOWANCES
LEAVE OF ABSENCE FOR OPERATION ENDURING FREEDOM MILITARY DUTY**

EMPLOYEE NAME-LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER	PERSONNEL AREA: COST CENTER: ORG UNIT:	
NAME OF MILITARY ORGANIZATION	RANK OR PAY GRADE	INCLUSIVE DATES FROM TO	
DAILY MILITARY PAY (Excludes Allowances for travel, uniforms quarters and subsistence).		PER DAY	
	1. BASE PAY	\$	
	2. PROFICIENCY PAY	\$	
	3. OTHER - specify (Imminent danger, Family Separation, etc.)	\$	
	TOTAL DAILY PAY		
REMARKS			
COMMANDING OR FINANCE OFFICER: I hereby certify that the Military Information above is correct			DATE SIGNED
EMPLOYEE'S SIGNATURE ACCEPTED			DATE ACCEPTED

NOTE: SEND COPIES OF YOUR GOVERNMENT PAY STUBS AS YOU RECEIVE THEM TO PAYROLL TAX & ACCOUNTING AT THE ADDRESS BELOW

RETURN COMPLETED, SIGNED FORM TO:

U.S. PAYROLL SERVICES
EXXON MOBIL CORPORATION
P. O. BOX 3187
HOUSTON, TEXAS 77253-3187