

| PAY ADJUSTMENT AUTHORIZATION | | | | NOTE: If member has been transferred, forward this authorization to the officer currently maintaining the member's pay record. | | | | |
|---|--|--------|--------------------|--|------------------------------|-----------------------|------|--|
| MEMBER (Last name) (First) (Middle) | | | SSAN | GRADE/RANK/RATE | BRANCH OF SERVICE | DATE | | |
| PAY GRADE NO. | LAST PAY RECORD EXAMINED | AMOUNT | APPROPRIATION DATA | | | | | |
| FROM | | | | NAME OF ACCOUNTABLE D.O. | | | | |
| | | | | SYMBOL NO. | | G.A.O. EXCEPTION CODE | | |
| TO | | | | YOU ARE HEREBY AUTHORIZED TO | | | | |
| | | | | <input type="checkbox"/> CHARGE <input type="checkbox"/> CREDIT | | | | |
| | | | | THE MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE | | | | |
| | | | | EXPLANATION AND/OR REASON FOR ADJUSTMENT | | | | |
| | | | | | | | | |
| The above adjustment is based on a thorough examination of all available records. If the Disbursing Officer has knowledge that a previous adjustment has been made or why the adjustment should not be made for the same item, this authorization should be returned with a brief statement of the reason for failure to make adjustment. | | | | | | | | |
| FROM | | | | CERTIFYING OFFICER (Name, rank/grade, and signature) | | | | |
| C E R T I F I C A T E | I CERTIFY that the adjustment indicated above has been entered on the above-named member's Military Pay Record. (If adjustment has not been entered, give explanation on reverse over D.O.'s signature and symbol number.) | | | | | | | |
| | TO | | | | TYPED NAME AND GRADE OF D.O. | | | |
| | | | | | D.O. SYMBOL NO. | | DATE | |
| | | | | | SIGNATURE | | | |