*(Updated 20250408)*

# JUNIOR RESERVE OFFICER TRAINING CORPS (JROTC) INSTRUCTOR PAY CERTIFICATION WORKSHEET FOR ENTITLEMENT COMPUTATION

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 2031, as amended, Junior Reserve Officers' Training Corps, Reserve Officers' Training Corps Program for Secondary Educational Institutions; 37 U.S.C. 403, Basic allowance for housing; 37 U.S.C. 405, Travel and Transportation Allowances; DoDI 1205.13, Junior Reserve Officer Training Corps (JROTC) Program; and DoDFMR 7000.14-R, Vol. 10, Chapter 21, JUNIOR RESERVE OFFICER TRAINING CORPS (JROTC) INSTRUCTOR PAY.

**PRINCIPAL PURPOSE:** To obtain data used to determine Junior ROTC Instructor corresponding active duty entitlements. These entitlement amounts will be used in the computation of the amount to be reimbursed to the school district on behalf of that instructor.

**ROUTINE USE(S):** To the Treasury Department to provide information on check issues and electronic funds transfers; Internal Revenue Service to report taxable earnings and taxes withheld; Federal. State and local agencies to conduct computer matching programs; Social Security Administration to report earned wages. Additional routine uses can be found within the applicable system of records notices, T7344, Defense Joint Military Pay System-Reserve Component; T7340, Defense Joint Military Pay System-Active Component; and M01040-3, Marine Corps Manpower Management Information System Records, located at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may impede, delay, or reduce the amount of BAH, OHA, and COLA to be used in the reimbursement computation.

## INSTRUCTIONS

This form will be used to certify Basic Allowance for Housing (BAH), Overseas Housing Allowance (OHA), and Cost of Living Allowance (COLA). Part A must be completed by instructors employed within CONUS; Part A, and Section II of Part B must be completed by instructors in Alaska and Hawaii; Part A, and all of Part B must be completed by instructors employed overseas. Specific instructions are provided for several items. Supporting documentation required to be submitted with this form by each instructor is listed for each section.

## PART A

**BAH** *(Applies to CONUS and Overseas Locations)*

| 1. NAME *(Last, First, Middle Initial)* | 2. RETIRED GRADE | 3. DoD ID NUMBER | 4. BRANCH OF SERVICE RETIRED FROM |
|---|---|---|---|
| | | | ☐ ARMY ☐ NAVY ☐ COAST GUARD ☐ AIR FORCE ☐ MARINES |

**5. CURRENT ADDRESS OF INSTRUCTOR**

| a. STREET *(Include apartment or suite number)* | b. CITY | c. STATE | d. ZIP CODE | e. DAYTIME TELEPHONE NO. *(Include Area Code)* |
|---|---|---|---|---|
| | | | | |

**6. EMPLOYING SCHOOL INFORMATION**

| a. NAME AND ADDRESS OF SCHOOL *(Include ZIP Code)* | | b. NAME AND ADDRESS OF SCHOOL DISTRICT *(Include ZIP Code)* | |
|---|---|---|---|
| | | | |
| **(1) TELEPHONE NUMBER** *(Include Area Code)* | **(2) FAX NUMBER** *(Include Area Code)* | **(1) TELEPHONE NUMBER** *(Include Area Code)* | **(2) FAX NUMBER** *(Include Area Code)* |
| | | | |

**c. SCHOOL (UNIT) IDENTIFICATION**

| 7. MARITAL STATUS *(X one)* *(If not married, go to Item 9)* | | 8. STATUS OF SPOUSE *(X one) (If Spouse is Active Duty or JROTC Instructor, complete Items 8 and 9.)* | |
|---|---|---|---|
| ☐ MARRIED | ☐ DIVORCED | ☐ NON-MILITARY | ☐ ACTIVE DUTY MEMBER |
| ☐ SINGLE | ☐ SEPARATED | ☐ OTHER FEDERAL SERVICE | ☐ INSTRUCTOR *(Junior ROTC Program)* |

**9. IF SPOUSE IS ACTIVE DUTY OR INSTRUCTOR**

| a. DoD ID NUMBER | b. BRANCH OF SERVICE | c. DUTY LOCATION |
|---|---|---|
| | | |

| 10a. RESIDING IN GOVERNMENT/EMPLOYER PROVIDED QUARTERS *(X one)* | | b. IF YES, DO EITHER YOU OR YOUR SPOUSE PAY RENT? | |
|---|---|---|---|
| ☐ YES | ☐ NO | ☐ YES | ☐ NO |

| 11. IF NOT MARRIED, DO YOU HAVE DEPENDENTS? *(X one)* | | 12. DEPENDENT STATUS *(X one)* | |
|---|---|---|---|
| ☐ YES | ☐ NO | ☐ RESIDING WITH INSTRUCTOR *(Go to Item 14)* | ☐ NOT RESIDING WITH INSTRUCTOR *(Complete Item 13)* |

**13. DEPENDENT(S) ADDRESS** *(If not residing with instructor)*

| a. STREET *(Include apartment or suite number)* | b. CITY | c. STATE | d. ZIP CODE |
|---|---|---|---|
| | | | |



Controlled by: DFAS
CUI Category: PRVCY
LDC: FEDCON
POC: dfas.indianapolis-in.zed.mbx.forms-and-pubs@mail.mil

**14. DEPENDENT RELATIONSHIP** *(Enter one of the following codes)*

☐ **NOTE:** If code selected is B, complete all of Item 15. If code C, K. S, T, or W, complete 15c. only. If code A, D, I, L, or R, do not complete Item 15.

**WITHOUT DEPENDENT(S)**
I - Instructor married to instructor
R - Own right (single)

**WITH DEPENDENT OTHER THAN CHILD(REN)**
A - Spouse
D - Parent (including "In Loco Parentis" which is a person who stood in place of the natural parents)
L - Parent(s)-in-law

**WITH DEPENDENT CHILD(REN)**
B - Child in legal custody of someone other than instructor
C - Child in instructor's custody
K - Ward
S - Student (age 21 - 22)
T - Handicapped child (over age 21)
W - Instructor married to instructor with dependent child(ren)

**15. IF CLAIMING DEPENDENT CHILD(REN)**

| **a. WHO HAS CUSTODY OF CHILD(REN)?** | **b. IF IN CUSTODY OF FORMER SPOUSE, AND FORMER SPOUSE IS ACTIVE DUTY OR INSTRUCTOR:** | |
|---|---|---|
| ☐ **INSTRUCTOR**<br>☐ **FORMER SPOUSE**<br>☐ **OTHER** | **(1) DoD ID NUMBER** | **(2) DUTY LOCATION** |
| **c. DATE OF BIRTH OF YOUNGEST CHILD CLAIMED AS A DEPENDENT** *(YYYYMMDD)* | **d. IF YOU DO NOT HAVE CUSTODY, DO YOU PAY CHILD SUPPORT?**<br>☐ **YES** **IF "YES", INDICATE MONTHLY AMOUNT PAID**<br>☐ **NO** **$** | |

**SUPPORTING DOCUMENTATION REQUIRED FOR ORIGINAL CERTIFICATION OF BAH**

**CERTIFICATION OF DEPENDENT(S)**
1. Spouse - copy of marriage certificate with seal.
2. Child(ren) - copy of birth certificate with seal.
3. Child(ren) not in instructor's custody - divorce decree, legal separation agreement, court order.

**SECONDARY DEPENDENT(S)**
1. Parent(s) or parent(s)-in-law - court order of guardianship.
2. Ward - Court order of guardianship.
3. Student (age 21 - 22 in school) - letter from learning institution verifying full time enrollment.
4. Handicapped child over age 21 - medical sufficiency statement.

**VERIFICATION OF GOVERNMENT/EMPLOYER PROVIDED QUARTERS ASSIGNED**
1. Letter from housing office if assigned to active duty spouse, or
2. Certification letter from school.

**PART B**
**SECTION I - OHA** *(Applies to Overseas Locations Only)*

| **16. ACCOMPANIED** *(X one)* | **17a. SHARER** *(X one)* | **b. IF YES, NUMBER OF SHARERS** | | |
|---|---|---|---|---|
| ☐ **YES** ☐ **NO** | ☐ **YES** ☐ **NO** | | | |
| **18a. RENTER STATUS** *(X one)* | **b. IF RENTING, PROVIDE RENTAL/LEASE DATES:** | | | |
| ☐ **RENT** ☐ **OTHER**<br>☐ **OWN** | **(1) FROM** *(YYYYMMDD)* | **(2) TO** *(YYYYMMDD)* | | |
| **19a. MONTHLY RENT/MORTGAGE PAYMENT** | **b. TAXES/INSURANCE AMOUNT** *(If not included in monthly mortgage payment)* | | **c. CURRENCY TYPE** | |
| **20a. UTILITIES INCLUDED IN MONTHLY RENT** *(X one)* | **b. IF "NO", LIST MONTHLY AMOUNT(S) BELOW:** | | | |
| ☐ **YES** ☐ **NO** | **(1) WATER** | **(2) TRASH REMOVAL** | **(3) ELECTRIC** | **(4) GAS** |

**21. DUTY LOCATION** *(City and Country)*

**SUPPORTING DOCUMENTATION REQUIRED FOR OHA** *(Original Certification and Recertification)*
1. Copy of rental lease, or proof of mortgage payment amount (copy of payment coupon).
2. Evidence of real estate taxes, and homeowner insurance costs, if not included in mortgage payment if renter status in 18.a. is marked "Own".

**SECTION II - COLA** *(Applies to Overseas Locations, Alaska and Hawaii Only)*

| **22. NUMBER OF DEPENDENTS RESIDING WITH INSTRUCTOR** | **23. JTR LOCATION** *(To be filled out by pay technician)* |
|---|---|

**CERTIFICATION**

I certify that the information provided is true and correct. Entitlements will not be included in the applicable pay computation without this verification and certification of eligibility.

| **SIGNATURE OF INSTRUCTOR** | **DATE SIGNED** |
|---|---|