Defense Military Pay Office (DMPO)

Fort Riley

Newsletter— February 2017

DMPO Fort Riley Mission Statement

To deliver and administer superior financial services in an efficient, effective and timely manner for Ft. Riley Soldiers and their families while setting the standards in customer service as leaders throughout all of DFAS.

Hours of Operations

Mon—Fri: 0730 –1500

Closed – Mandatory Training

EFFECTIVE 1 MAR 17 THE HOURS FOR TRAINING FOR THE DMPO WILL BE:

Bldg 210 & 212: **Separations - In/ Out Processing - Main Finance**

Wed: 1200 - 1600

3 FEB RDO

17 FEB RDO

20 FEB WASHINGTON'S BIRTHDAY

S-1 Certification Course

Held every THIRD Thursday of the month in building 210 from 0900—1200

In-Out Processing

Reporting Soldiers **must** Contact 1st Replacement Company before attending the *In-Brief*. You **must** bring 2 copies of your orders & leave form (DA 31).

Departing Soldiers **must** attend *Out-Brief*. You **must** bring 2 copies of your orders, amendment(s) & approved leave form.

Updating BAH

All soldiers are reminded to update their BAH entitlement when they have a change to their status. All Soldiers, regardless of rank have the responsibility to notify Finance, at the time of the event, when they have a change to their Marital Status. Doing so will prevent possible over or under payments of BAH.

Downrange Pay Entitlements

Soldiers returning from deployment—with their Unit or Individually—**must** process through the **SRP** site in order for downrange pay entitlements to stop. Failure to visit the SRP **will result** in an **overpayment** of downrange pay entitlements and **collection from pay**.

Document Turn-In

Timeliness is critical to pay accounts. Turn-in Pay documents between 0730—1030. Please submit documents to DMPO Finance in a timely manner to ensure ALL Soldier Pay Accounts are updated on-time. **Please do not hold documents and batch them for processing. They need to be submitted daily if you have them.**

Unit Commander's Finance Report (UCFR)

Self Registration visit: https://www.milsuite.mil/book/docs/DOC-165835
UCFR Training visit: https://www.milsuite.mil/book/docs/DOC-165340.
Unit Commander's are **required** to review & annotate updates, changes, corrections, additions, or deletions of personnel & finance information. Finance needs the full SSAN and the PACIDN or UIC to which a soldier will be transferred. You can not just remove the soldier, they must be moved to a new PACIDN/UIC. Units **must** return the UCFR to **DMPO NLT 10th day of each month**.

Interactive Customer Satisfaction (ICE)

The ICE survey is your way of providing valuable feedback to the DMPO Director. You are highly encouraged to self-identify, and by expressing your concerns with DMPO products, services or customer-care allows the DMPO and departmental personnel to improve upon our products and services. Visit: http://ice.disa.mil/index.cfm?fa=site&site_id=17.

Documents required for Deployments to Korea

Attached to the Newsletter you will find the required documents that need to be filled out on your Soldiers when they deploy to Korea. Please fill them out per the examples. This will ensure that your soldiers receive the correct pay and entitlements and hopefully not create any debts or underpayments.

Military Pay Entitlements and Supplemental Information for Deployments

Basic Allowance for Subsistence (BAS): Soldiers without meal cards will see no change. Meal deductions will stop for Soldiers on meal cards – meal deductions stop on the day of departure and resume the day of return to home station (a DA 4187 needs to be submitted to the DMPO to restart the deduction). Enlisted Soldiers receive $367.92 per month and officers receive $253.38. BAS is a monthly entitlement for the Soldier. BAS is not a dependent entitlement. Daily rates for meals are **Breakfast** $2.60, **Diner** $4.20, **Super** $3.65 totaling **$10.45 per day**.

Example: Enlisted Soldier received 367.92/30 = 12.264/day LESS Meal Deductions (meals provided at no cost to the Soldier) 10.45 * 30 = 313.50 (3 free squares a day). $367.92 (BAS) – 313.50 = **$54.42** for Enlisted, $253.38 (BAS) – 313.50 = **($60.12)** for Officer

Basic Allowance for Housing (BAH): BAH (to include barracks rate, BAH-DIFF, without dependent, and with dependent) will continue to be paid at the same rate while Soldiers are deployed.

Family Separation Allowance (FSA R/S/T): IAW DoDFMR, Table 7-10, Chapter 27 … is payable to members with dependents. It is payable in addition to any other allowances or per diem. Soldiers TDY, other than restricted or ship, will receive FSA-T. FSA provides compensation for added expenses incurred because of an enforced family separation, i.e., TDY for a period of 30-days or greater.

Start date: 30-day clock begins day of departure. Credit for FSA-T may not be applied until the member has been on TDY or TAD away from their PDS continuously for more than 30 days. Include days of authorized travel time to and from the TDY station.

Stops: *Boots-on-the-Ground* (BOTG) back home
Monthly amount: $250.00, NOT taxable because it's an allowance vice "pay"

Foreign Language Proficiency Bonus (FLPB): Soldiers entitled to FLPB pay will continue to be paid at the same rate based on the published orders. FLPB will be terminated based on the order unless new orders are received. AR 15-6, Chapter 6-6 provides further information.

Hardship Duty Pay - Location (HDP-L): Both Officers and Enlisted Soldiers "serving on temporary duty of over 30 days duration in a designated hardship duty location are eligible and will receive Hardship Duty Pay – Location". DoDFMR, Volume 7A, Chapter 17, 130203.B.

Monthly payable range: $50.00 - $150.00 depending on exact location (see Figure 17-1 for different locations); considered taxable income because it's considered "pay".

Start date: *Boots-on-the-Ground* (BOTG)
Ending date: The day of departure from the Hardship Duty Location

Hostile Fire Pay/Imminent Danger Pay (HFP/IDP): Soldiers receive $225 per month provided the location is des-ignated as a qualifying area. DoDFMR, Volume 7A, Chapter 10 provides further information.

Assignment Incentive Pay (AIP) for Involuntary Extended Soldiers: A Soldier must be serving in a unit in Iraq, specified by the Office of the Secretary of Defense (OSD) and have been deployed to Iraq (to include staging time in Kuwait) and/or Afghanistan for a combined deployed time of 12 consecutive months, or 12 months within a 15-month period. Soldiers who qualify will be paid a flat $200.00 in extra HDP-L and $800.00 in AIP for any month or portion of the month served in Iraq beyond the Soldier's scheduled 12 month rotation date. The request for AIP is submitted to DFAS-Indianapolis for determination and processing. The AIP appears on your LES as SAVE PAY.

Combat Zone Tax Exclusion (CZTE): All military pay for Enlisted Soldiers and some Warrant Officers & Officers are excluded from federal tax during service in a combat zone.

Per Diem: Soldiers receive $3.50 per day while OCONUS, and $2.00 per day while CONUS. Per Diem begins the day of departure and ends the day of return to home station. A travel voucher (DD 1351-2) is required for payment.

Military Pay Entitlements and Supplemental Information for Deployments –continued

Special Leave Accrual (SLA): AR 600-8-10, Leaves and Passes, Special Leave Accrual (SLA) is authorized. SLA provides relief to soldiers who are not authorized leave when undergoing lengthy deployment or during periods of hostility. It authorizes soldiers to carry forward up to 120 days of leave at the end of a FY.

Savings Deposit Program (SDP): Soldiers can participate in the Savings Deposit Program after 30 days in the deployed area. Soldiers enroll in SDP through the deployed supporting finance unit by allotment or through cash/ check contributions. Spouses or any other designated person with a Special POA may start SDP contributions only through allotment once the Soldier has been deployed for 30 days. Deposited funds earn interest at 10% per year, compounded quarterly at 2.5%. Monthly deposits cannot exceed the Soldier's current pay and allowances less deductions and allotments. The maximum total amount allowed for deposit during the deployment is $10,000. 90-days after redeployment, interest stops accruing. To remove the money from the program send a letter to: DFAS-Cleveland, ATTN: Code FMAA, 1240 East 9th Street, Cleveland, Ohio 44199-2055 and include – name, SSN, Branch of Service, delivery information (bank routing number, account number, or address for check), and the date of departure from the deployed area or the Soldier can make a withdrawal request on **myPay.**

Thrift Savings Plan (TSP): Soldiers that contribute to the TSP may contribute up to 100% of special pay, incentive pay, or bonuses. The elective deferral limit for 2015 TSP contributions is $18,000. Soldiers may start TSP contributions at any time. Soldiers can conduct TSP transactions either on **myPay** or a hardcopy TSP-U-1 form available at www.tsp.gov. Additional information can also be found on the TSP site.

Powers of Attorney (POA): Specific language is required on a Special Power of Attorney for a dependent or designated representative to make changes to a service member's military pay account. General Powers of Attorney (with no specific language) only allow the designee to obtain an LES from the DMPO. If a POA has been revoked let us know so we know you do not want this person to act on your behalf any longer. **NOTE**: The DMPO does not have to acknowledge nor accept POA.

SGLI Reimbursement: As of June 1, 2014 the following countries are authorized locations for SGLI Reimbursement: Afghanistan, Bahrain, Djibouti, Jordan, Kuwait, Kyrgyzstan, Pakistan, Philippines, Qatar, Syria, Tajikistan, United Arab Emirates, Uzbekistan, and Yemen. The reimbursements are normally processed the month after the qualifying month. The reimbursement will show in the "Entitlements" column of the LES.

For questions contact DMPO Customer Service at (785) 239 – 6188 or DSN 856-6188.

FINANCE REDEPLOYMENT INFORMATION

AFTER REDEPLOYMENT AND REVERSE-SRP

YOUR PAYROLL DEPOSIT AMOUNT WILL DECREASE.

THIS IS NORMAL, NOT THE RESULT OF A PAY PROBLEM.

Your pay will be lower due to deployment entitlements being stopped, the restart of mandatory deductions including taxes and, in many cases, debt collection.

Entitlements that will be stopped:

Exemption from federal and state tax withholding (CZTE).
Hardship Duty Pay (HDP).
Hostile Fire Pay/Imminent Danger Pay (HFP/IDP) for qualifying countries.
Family Separation Allowance (FSA) for soldiers with eligible family members.

Deductions that will restart:

a. Meal deductions for meal card holders.
b. Federal tax withholding.
c. State tax withholding for states that do tax military pay.

Tax withholding will resume the next calendar month after departing downrange.

Debts for overpayment of deployment entitlements:

Hardship Duty Pay (HDP) and Family Separation Allowance (FSA) debts will collect the current or next pay month, depending upon the date of Reverse-SRP.
Hostile Fire Pay/Imminent Danger Pay (HFP/IDP) debts will normally collect the next pay month following departure from downrange.

Pay deposits after redeployment may be lower than your pay before deployment:

Allotment and garnishment amounts may have increased.

Korea Deployments

Prior to Deployment:

1. All soldiers with dependents must complete and sign a DD 1561 for Family Separation.

After Deployment:

1. S-1 must submit 2 copies of the DA 4187 (for every individual soldier) with required information.
2. S-1 must submit the DD 1561 at the same time as the DA 4187's. Finance will maintain a suspense file for the entitlements with a 30 day waiting period (FAS-T and Hardship Duty Pay).
3. All dates on the DA 4187 and DD 1561 must be the same.

Return from Deployment:

1. All soldiers will go thru the SRP upon return to Fort Riley to have all their deployment entitlement/collections stopped. Even the soldiers that return early.

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
	DMPO Fort Riley, KS. 66442	Submitting Commands address

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____ _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

☐	Service School *(Enl only)*	☐	Special Forces Training/Assignment	☐	Identification Card
☐	ROTC or Reserve Component Duty	☐	On-the-Job Training *(Enl only)*	☐	Identification Tags
☐	Volunteering For Oversea Service	☐	Retesting in Army Personnel Tests	☐	Separate Rations
☐	Ranger Training	☐	Reassignment Married Army Couples	☐	Leave - Excess/Advance/Outside CONUS
☐	Reassignment Extreme Family Problems	☐	Reclassification	☐	Change of Name/SSN/DOB
☐	Exchange Reassignment *(Enl only)*	☐	Officer Candidate School	☒	Other *(Specify)* Start Deployment entitlements/ collections
☐	Airborne Training	☐	Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

Start all deployment entitlements/collections.
Deployed to: Operation, Country/Camp or Post.
Date departed Fort Riley:
Date arrived at Country/Camp or Post

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☒ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)

PRIVACY ACT STATEMENT

AUTHORITY: Title 37, U.S. Code, Section 427.
PRINCIPAL PURPOSE: To evaluate member's application for FSA.
ROUTINE USES:
a. Serves as substantiating document for FSA payments and input into the member's pay account.
b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.
c. Provides a record in service member's pay account and for safekeeping.
DISCLOSURE: Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.

1. NAME OF MEMBER *(Last, First, Middle Initial)*	2. GRADE	3. SOCIAL SECURITY NUMBER	4. BRANCH AND ORGANIZATION

PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA

5. TYPE II *(X as applicable)*
☐ FSA-T (Temporary) ☐ FSA-R (Restricted) ☐ FSA-S (Ship)

6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)

7. DATE *(DDMMYY)* DEPARTED RESIDENCE TO UNIT HOME STATION *(Mobilized Members)*

8. I CERTIFY TO THE FOLLOWING FACTS *(X applicable box(es))*

☐ a. I am not divorced or legally separated from my spouse.
☐ b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.
☐ c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty.
☐ d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.
☐ e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.
☐ f. I am married to another military member currently serving on active duty and my spouse ☐ was ☐ was not residing with me immediately before being separated by execution of my military orders.
Spouse's SSN: _____ Branch and Component: _____
☐ g. My last TDY or deployment, if any, ☐ was ☐ was not within the last 30 days from this TDY or deployment.

9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.

a. DATE *(DDMMYY)*	b. SIGNATURE OF MEMBER

PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW

10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. *(Attach a blank page for continuation if necessary.)*

a. LOCATION	b. INCLUSIVE DATES OF TDY/T *(From/To)*	c. NO. OF DAYS

11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ *(Last permanent duty station)* on _____ *(DDMMYY)* and was on leave en route _____ *(Inclusive leave dates - DDMMYY)*, proceed time _____ *(Inclusive dates)* and the member reported to _____ *(PDS)* on _____ *(DDMMYY)*. Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.

12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing *(DDMMYY)* _____.

a. NAME OF SHIP/UNIT	b. HOMEPORT

13. Travel performed under authority of orders _____, dated _____.

14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.

15. DATE *(DDMMYY)*	16. CERTIFYING OFFICER	
	a. TYPED NAME *(Last, First, Middle Initial)*	b. TITLE
	c. ORGANIZATION	d. SIGNATURE