

Pay and Allowances Continuation Extension Request

Reference(s): DOD FMR V 7A chap 13., HRC MILPER MSG 13-297 dated 15 Oct 2013

Purpose: For Army Soldiers to apply for a 6-month PAC extension beyond initial 12-month entitlement. PAC will not be extended unless approved by the Under Secretary of Defense for "Extraordinary Circumstances".

Soldiers Information

Name (Last, First MI):
 Rank/Grade:
 SSN:
 AKO Email Address: @us.army.mil
 Component: AC USAR ARNG
 Current Pac End Date:

Soldiers Unit Information

Unit Name:
 UIC: Phone #:
 Address:
 City: State: Zip:
 Pay Specialist
 Name:
 Email Address:

Soldiers Justification For Extension

Explain the extraordinary circumstances to qualify for an extension. See MILPER MSG 13-297

Case Manager's Certification

Medical diagnosis and current treatment plan

Case Managers Name (Last, First MI):	<u>Estimated</u> Treatment Dates		
Phone Number: Email:	Date Hospitalized For Condition	Date Projected Treatment End	Theater Related
			Yes No
Primary Condition:			<input type="checkbox"/> <input type="checkbox"/>
Current Status/Treatment:			
Additional Condition:			<input type="checkbox"/> <input type="checkbox"/>
Current Status/Treatment:			
Additional Condition:			<input type="checkbox"/> <input type="checkbox"/>
Current Status/Treatment:			
Additional Condition:			<input type="checkbox"/> <input type="checkbox"/>
Current Status/Treatment:			
Additional Condition:			<input type="checkbox"/> <input type="checkbox"/>
Current Status/Treatment:			
Additional Condition:			<input type="checkbox"/> <input type="checkbox"/>
Current Status/Treatment:			

Commanders Recommendation

Name (Last, First MI): RECOMMEND APPROVAL
 Rank/Grade:
 Email: RECOMMEND DISAPPROVAL
 Phone Number:

COMMANDER'S SIGNATURE DATE:

Soldiers Name (Last, First Mi):

Rank/Grade:

SSN:

Army PAC Program Office

AHRC-PDR-C

Reviewed by: Chief, Special Compensation Branch

Email: usarmy.knox.hrc.mbx.tagd-pay-allowance-continuation-team@mail.mil

RECOMMEND APPROVAL

RECOMMEND DISAPPROVAL

Pay History:

Start Date	End Date	Comments

Comments:

SIGNATURE:

DATE:

ARMY G1

RECOMMEND APPROVAL

RECOMMEND DISAPPROVAL

Comments:

REVIEWED BY: (Last, First MI):

SIGNATURE

DATE:

OSD

APPROVE

DISAPPROVE

Comments:

NAME: (Last, First MI):

SIGNATURE

DATE: