

# Pay and Allowances Continuation Extension Request

as of: 24 march 2017

Form POC: Army HRC Office

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".

<u>Soldiers Information</u>	<u>Soldiers Unit Information</u>
Name (Last, First MI): Rank/Grade: SSN: AKO Email Address: _____ @us.army.mil Component: <input type="checkbox"/> AC <input type="checkbox"/> USAR <input type="checkbox"/> ARNG Current Pac End Date:	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

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**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:				<input type="checkbox"/> <input type="checkbox"/>
Additional Condition:				<input type="checkbox"/> <input type="checkbox"/>
Current Status/Treatment:				<input type="checkbox"/> <input type="checkbox"/>
Additional Condition:				<input type="checkbox"/> <input type="checkbox"/>
Current Status/Treatment:				<input type="checkbox"/> <input type="checkbox"/>
Additional Condition:				<input type="checkbox"/> <input type="checkbox"/>
Current Status/Treatment:				<input type="checkbox"/> <input type="checkbox"/>

Validate current conditions that is preventing the Soldier from returning to duty: \_\_\_\_\_

**Commanders Recommendation**

Name (Last, First MI):	RECOMMEND APPROVAL <input type="checkbox"/>
Rank/Grade:	
Email:	RECOMMEND DISAPPROVAL <input type="checkbox"/>
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: