

INDIVIDUAL INACTIVE DUTY AUTHORIZATION/CERTIFICATION

The proponent agency is NGB/FM. The prescribing directive is ANGI 65-101.

PRIVACY ACT STATEMENT

1. AUTHORITY: Title 10 USC 275, Title 37 USC 204, and Executive Order 9397.
2. PURPOSE: Used to verify performance of Inactive Duty Training for pay purposes and awarding of retirement point credit.
3. ROUTINE USES: None
4. DISCLOSURE: Mandatory; SSN is required by the Defense Joint Military Pay System (DJMS). If SSN is not provided, individual will not be paid.
5. USE: Only one duty type per form.

AUTHORIZATION

NAME (Last, First MI, Grade): [REDACTED]	SSN: [REDACTED]
MEMBER ORGANIZATION: 171 ARW	DUTY CODE (Check One): <input type="checkbox"/> C - FHD <input type="checkbox"/> P - ATP <input type="checkbox"/> T - RMP <input type="checkbox"/> F - AFTP <input type="checkbox"/> Q - ET <input checked="" type="checkbox"/> U - RD
LOCATION DUTY PERFORMED: 171 ARW or HOR to include the full address	

WORK DAY UTILIZATION CODES (Check One):

Other Work Day Utilization Code <input type="checkbox"/> [REDACTED]	RMP (Readiness Management Period) <input type="checkbox"/> IT - Unit Prep Period Assembly	ATP (Additional Training Period) <input type="checkbox"/> HA - Crash/Fire Rescue <input type="checkbox"/> HB - Combat Control Team <input type="checkbox"/> HC - Air Weapons Controller <input type="checkbox"/> HD - Air Traffic Controller <input type="checkbox"/> HE - Other
ET (Equivalent Training) and RD (Rescheduled Drill) <input checked="" type="checkbox"/> KA - Pay Category A (Prior Service) <input type="checkbox"/> KB - Pay Category P (Non Prior Service)	FHD (Funeral Honors Duty) <input type="checkbox"/> 17 - Enlisted <input type="checkbox"/> 07 - Officer	AFTP (Additional Flying and Flight Training Period) <input type="checkbox"/> LA - Mission Ready (MR) Flying <input type="checkbox"/> LB - Mission Support (MS) Flying <input type="checkbox"/> LC - Mission Ready Ground <input type="checkbox"/> LD - Mission Support Ground

FUNERAL HONORS ENTITLEMENT (Check One):
 Base Pay Retirement Points Only \$50.00 Stipend Retiree (Must be done on SF 1034)

PERIOD	ORIGINAL DUTY			NEW DUTY		
1	DATE: [REDACTED]	TIME IN: [REDACTED]		DATE: [REDACTED]	TIME IN: [REDACTED]	TIME OUT: [REDACTED]
2	DATE: [REDACTED]	TIME IN: [REDACTED]		DATE: [REDACTED]	TIME IN: [REDACTED]	TIME OUT: [REDACTED]
3	DATE: [REDACTED]	TIME IN: [REDACTED]		DATE: [REDACTED]	TIME IN: [REDACTED]	TIME OUT: [REDACTED]
4	DATE: [REDACTED]	TIME IN: [REDACTED]		DATE: [REDACTED]	TIME IN: [REDACTED]	TIME OUT: [REDACTED]

I authorized the requested duty, as annotated above.

AUTHORIZING OFFICIAL (Last, First MI): [REDACTED]	SIGNATURE: [REDACTED]	DATE (yyyymmdd): [REDACTED]
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LOCAL USE ONLY

THE SUPERVISOR AUTHORIZING THE RD WILL SIGN AS THE AUTHORIZING OFFICIAL ABOVE. INDICATE IF DUTY WAS PERFORMED VIA TELEWORK AT HOME OF RECORD (HOR).

CERTIFICATION

To ensure effective internal controls, three different individuals are required to prepare, approve and certify auditable financial documents required for payment.

The information provided is correct and accurately reflects duty performed.

MEMBER (Last, First MI): [REDACTED]	SIGNATURE: [REDACTED]	DATE (yyyymmdd): [REDACTED]
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I certify that the preceding information is correct and accurate and the member performed the duty as annotated.

APPOINTED ATTENDANCE CERTIFYING DAO (Last, First MI): [REDACTED]	SIGNATURE: [REDACTED]	DATE (yyyymmdd): [REDACTED]
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I attest to the correctness of statements, facts and accounts appearing on this document. I understand I am pecuniary liable for payments in accordance with 31 U.S.C. 3528

APPOINTED CERTIFYING OFFICIAL (Last, First MI): [REDACTED]	SIGNATURE: [REDACTED]	DATE (yyyymmdd): [REDACTED]
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The proponent agency is NGB/FM. The prescribing directive is ANGI 65-101.

This form must be filled out completely or Inactive Duty will not be processed. All "dates" will be entered as (yyyymmdd), unless otherwise specified.

AUTHORIZATION

1. NAME - Enter last name, first name, middle initial, and grade of member performing duty.
2. SSN - Enter Member's full social security number.
3. ORGANIZATION - Enter wing and squadron to which Member is assigned.
4. LOCATION DUTY PERFORMED - Enter duty location.
5. DUTY CODE - Select duty code for the type of Inactive Duty authorized. Only one type of duty authorized per ANG 105S form.
6. WORK UTILIZATIONS CODE - Select work utilization code for type of Inactive Duty authorized.
7. FUNERAL HONORS ENTITLEMENT - Select compensation if Funeral Honors Duty is authorized.
8. ORIGINAL DUTY - Enter original scheduled inactive duty dates and times.
9. NEW DUTY - Enter new inactive duty dates and times.
10. AUTHORIZING OFFICIAL - Member's Authorizing Official must print his/her name, sign, and date.
11. LOCAL USE ONLY - Enter special instructions or comments.

CERTIFICATION

1. MEMBER - Member must print his/her name, sign, and date certifying that duty was performed.
2. APPOINTED ATTENDANCE CERTIFYING DAO - Attendance Certifying DAO must print his/her name, sign, and date certifying that the Member was present for duty.
3. APPOINTED CERTIFYING OFFICIAL - Certifying Official must print his/her name, sign, and date certifying the duty performed.