

**STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 37 U.S.C. 427, Family separation allowance.

**PURPOSE:** To substantiate payment of Family Separation Allowance (FSA); provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments; and provides a record in service member's pay account.

**ROUTINE USES:** To the Treasury Department to provide information on check issues and electronic funds transfers. To Federal, state, and local governmental agencies in response to an official request for information with respect to law enforcement, investigatory procedures, criminal prosecution, civil court action and regulatory order. 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 M0104-3, Marine Corps Manpower Management Information System Records, located at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>

**DISCLOSURE:** Voluntary; however, if requested information is not provided, FSA will not be considered.

<b>1. NAME OF MEMBER</b> (Last, First, Middle Initial) SAILOR, JOE N	<b>2. GRADE</b> E7	<b>3. DoD ID NUMBER</b> 1234567890	<b>4. BRANCH AND ORGANIZATION</b> USN
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**PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA**

<b>5. TYPE II</b> (X as applicable) <input type="checkbox"/> FSA-T (Temporary) <input checked="" type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship)	<b>6. DATE</b> (DDMMYY) DEPARTED RESIDENCE TO UNIT HOME STATION (Mobilized Members) 7/1/22
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**7. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)**  
1000 NEVER SAIL TRAIL NORFOLK VA 23323

**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 DoD ID number 1112223334      Branch and Component: NAVY

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.**

<b>a. DATE</b> (DDMMYY) 23 OCT 2023	<b>b. SIGNATURE OF MEMBER</b> 
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**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) \_\_\_\_\_

<b>a. NAME OF SHIP/UNIT</b>	<b>b. HOMEPORT</b>
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**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. CERTIFYING OFFICER**

<b>a. TYPED NAME</b> (Last, First, Middle Initial)	<b>b. TITLE</b> CPPA
<b>c. ORGANIZATION</b> COMUSNAVCENT/COMFIFTHFLT	<b>d. SIGNATURE</b>
<b>16. DATE</b> (DDMMYY) 231023	