

ESTIMATED EARNINGS DURING MILITARY SERVICE

INSTRUCTIONS: Use a separate RI 20-97 for each branch of service. Attach DD 214 or equivalent and any available records of pay or promotions. If you do not have a DD 214 or equivalent, obtain an SF 180 from your personnel office and have your service verified before forwarding this form to the pay center. The pay center cannot provide estimated earnings unless verification of service is attached.

To	Employee name (Last, First, Middle)	
	Other names used	
	Social Security Number	Date of birth
	All military service numbers	
	Branch of Service	

The uniformed services must provide estimated basic pay by Federal employees for military service after December 31, 1956, for the purpose of making a deposit to the Civil Service Retirement and Disability Fund for retirement credit. Please provide the estimated basic pay earned by the above named employee.

Signature of requester		Relationship to employee <input type="checkbox"/> Employee is requester <input type="checkbox"/> Other (Specify _____) <input type="checkbox"/> Survivor			Date									
Active military service after December 31, 1956 (Dates indicated below must be based on DD 214 or equivalent certification)		TO BE COMPLETED BY AUTHORIZED OFFICIAL Estimated Earnings (Base Pay) (Do not provide estimated earnings for any period of service prior to January 1, 1957.)												
From (Mo,Dy,Yr)	To (Mo,Dy,Yr)	From (Mo,Dy,Yr)	To (Mo,Dy,Yr)	Rate of Basic Pay	Earnings	Type of Discharge								
					\$									
					\$									
					\$									
					\$									
					\$									
1. If period of service began before and ended after December 31, 1956, enter date service actually began. (Mo,Dy,Yr)		2. Lost time <input type="checkbox"/> None <input type="checkbox"/> Number of days _____ <input type="checkbox"/> Inclusive dates ▶ <table border="1" style="display: inline-table; margin-left: 10px;"> <tr> <td style="width: 10%;">From(Mo,Dy,Yr)</td> <td style="width: 10%;">To(Mo,Dy,Yr)</td> <td style="width: 10%;">From(Mo,Dy,Yr)</td> <td style="width: 10%;">To(Mo,Dy,Yr)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					From(Mo,Dy,Yr)	To(Mo,Dy,Yr)	From(Mo,Dy,Yr)	To(Mo,Dy,Yr)				
From(Mo,Dy,Yr)	To(Mo,Dy,Yr)	From(Mo,Dy,Yr)	To(Mo,Dy,Yr)											
Signature of authorized official furnishing estimate		Date(Mo,Dy,Yr)		Telephone number (Including Area Code)										
Typed name of authorized official		Title of authorized official												

Requester's name and address

Return
 ◀ Completed
 Form to

Send the Request for Earnings During Military Service to the appropriate address shown below.

Army

DFAS-Indianapolis Center
ATTN: DFAS-IN-FJFC-A
8899 East 56th Street
Indianapolis, IN 46249-0875

Phone (317) 543-7298

Navy

DFAS-Cleveland Center-FMCS
1240 East 9th Street
Cleveland, OH 44199-2055

Phone (216) 522-5974

Air Force

DFAS-DE-FJY
6760 East Irvington Place
Denver, CO 80279-3000

Phone (303) 676-7408

Marine Corps

DFAS-Kansas City Center/FBL
1500 E. 95th Street
Kansas City, MO 64197-0001

Phone (816) 926-7652 Fax (816) 926-7648

Coast Guard

Commanding Officer (SES)
Coast Guard Pay and Personnel Center
444 SE Quincy Street
Topeka, KS 66683-3591

**Public Health
Service**

Public Health Service
Division of Commissioned Personnel
Compensation Branch
Parklawn Building, Room 4-50
5600 Fisher's Lane
Rockville, MD 20857

**National Oceanic
and Atmospheric
Administration**

National Oceanic and Atmospheric Administration
Department of Commerce
Commissioned Personnel Office
11400 Rockville Pike, Room 105
Rockville, MD 20852