

UNITED STATES ARMY RETROACTIVE STOP LOSS RECONSIDERATION REQUEST

RSL # in question: _____

1. Name: _____ 2. Rank: _____ 3. SSN: _____-____-_____

4. Component: Active Reserve National Guard

5. Request for review of record (I believe there has been a mistake in calculating my Retroactive Stop Loss Special Pay (RSLSP).)

Number of months added incorrectly Supporting documents overlooked Identified as a bonus recipient

6. I believe the record should reflect the following:

a. Number of months should be _____ instead of _____

b. I have attached the following documents I believe were overlooked or could be evidence to help my case:

DD FORM 214 DD FM 4 DA FM 4187 DA FM 4651-R DD FM 1966

NGB FM 22 DENIAL MEMOS DA FM 1695

c. Enter the dates you are claiming: _____. Initial here if you have not received a bonus for this contractual period that you are claiming:

7. Applicant must sign below. IF ACTING ON BEHALF OF A DECEASED OR INCOMPETENT PERSON, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION. IF THE APPLICATION IS SIGNED BY OTHER THAN THE PERSON AFFECTED BY STOP LOSS INDICATE THE NAME (PRINT) _____ AND RELATIONSHIP BY MAKING THE APPROPRIATE BOX BELOW.

Spouse Widow Widower Next of Kin Other

8. Complete current address of applicant or person in item 1 above. Is this a new address? Yes No

9. Telephone number: () _____

10. FAX number including area code: () _____ E-mail address: _____

11. I make the foregoing statements, as part of my review, with full knowledge of the penalties involved for willfully making a false statement or claim. (U.S. CODE, TITLE 18, SECTIONS 287 AND 1001, PROVIDE THAT AN INDIVIDUAL SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN 5 YEARS, OR BOTH.)

12. Signature (Applicant must sign here) _____ Date Signed (yyyymmdd) _____

Mail to:
U.S. Army G-1
Retro Stop Loss Pay
Suite 302
5109 Leesburg Pike
Falls Church, VA 2204