

PAY ADJUSTMENT AUTHORIZATION			NOTE: If member has been transferred, forward this authorization to the officer currently maintaining the member's pay record.			
MEMBER (Last name) (First) (Middle)			SSAN	GRADE/RANK/RATE	BRANCH OF SERVICE	DATE
PAY GRADE NO.	LAST PAY RECORD EXAMINED	AMOUNT	APPROPRIATION DATA			
FROM			NAME OF ACCOUNTABLE D.O.			
			SYMBOL NO.	G.A.O. EXCEPTION CODE		
TO			YOU ARE HEREBY AUTHORIZED TO			
			<input type="checkbox"/> CHARGE <input type="checkbox"/> CREDIT			
			THE MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE			
EXPLANATION AND/OR REASON FOR ADJUSTMENT						
The above adjustment is based on a thorough examination of all available records. If the Disbursing Officer has knowledge that a previous adjustment has been made or why the adjustment should not be made for the same item, this authorization should be returned with a brief statement of the reason for failure to make adjustment.						
FROM			CERTIFYING OFFICER (Name, rank/grade, and signature)			
C E R T I F I C A T E	I CERTIFY that the adjustment indicated above has been entered on the above-named member's Military Pay Record. (If adjustment has not been entered, give explanation on reverse over D.O.'s signature and symbol number.)					
	TO			TYPED NAME AND GRADE OF D.O.		
				D.O. SYMBOL NO.		DATE
				SIGNATURE		