

CONNECTICUT MILITARY DEPARTMENT



INSTRUCTIONS FOR REQUEST FOR ORDERS

PURPOSE: To request orders for personnel to be placed on State Active Duty for a predetermined period of time

TIMEFRAME: All requests for State Active Duty must be made no later than thirty days prior to the start date of duty to be performed.

REQUESTOR INFORMATION: Name & contact information of individual requesting the member be placed on State Active Duty

INDIVIDUAL INFORMATION: Name, address, contact information and demographic information for the individual being placed on State Active Duty in order to ensure they receive the correct pay & allowances. Pay is based upon their rank, pay date & dependent status

- Rank/Grade: Current military rank and pay grade or highest rank assigned upon discharge/retirement.
- Pay Date: Official date upon which your military pay is determined for years of service. Normally, the date you first joined the military or Armed Forces of the State.
- Dependent Status: Answer YES if married or have dependent children under 22 years of age. Answer NO for all others.
- Employee ID#: Your State of Connecticut employee identification number. If unknown or first time on State Active Duty, please leave blank.

DUTY INFORMATION: Detailed information on when, where and what duty will be performed. Also include the contact information on the individual's immediate supervisor who will be responsible for certifying that duty has been completed.

ACCOUNTING INFORMATION: Funding information will be determined by the CTMD Military Administrative & Programs Officer. Base Pay & Allowances will be calculated based upon grade, pay date and dependent status in accordance with current military pay tables. The Fringe Benefit Reimbursement Rate (FBRR) will be added to the Total Pay in order to determine the Total Cost to be applied against the appropriate accounting codes. The accounting codes will be provided by the CTMD Fiscal Administrative Manager. All requests for State Active Duty must have a funding source or they will be applied against the CTMD General Operations account while funding exists.

ADJUTANT GENERAL APPROVAL: The Adjutant General, or his designee, reserves the right to disapprove any request for State Active Duty, regardless of funding availability. Appeals must be made directly to the Office of the Adjutant General.

SEND REQUEST FOR ORDERS TO:

Connecticut Military Department
Military Administrative & Programs Officer
360 Broad Street Room #113
Hartford, Connecticut, 06105-3706
(860) 524-4968
(860) 493-2721 (fax)
russell.bonaccorso@ct.gov (e-mail)

**CONNECTICUT MILITARY DEPARTMENT
REQUEST FOR ORDERS**



REQUESTOR INFORMATION				
Name:		Directorate	Phone Number:	E-Mail
INDIVIDUAL INFORMATION				
Last Name		First Name		Middle Initial
Mailing Address				
City		State	Zip Code	
Phone Number			E-Mail	
Rank/Grade	Pay Date:	Dependent Status:	Employee ID#	Social Security Number
DUTY INFORMATION				
Dates Requested:		Total Duty Days:	Report Time:	
Duty Location: <i>(Address, Building, Room, etc.):</i>				
Duty Description:				
Supervisor Name:		Phone Number:	E-Mail:	

Signature of Requestor Date

TO BE COMPLETED BY CTMD MILITARY ADMINISTRATIVE & PROGRAMS OFFICER				
Orders #	Base Pay:		Allowances:	FBRR:
Total Pay:		Total Cost:		
Department:	Fund Code:	SID:	Program Code:	Budget Year:

_____ TAG Approved

_____ TAG Disapproved

CTMD MAPO Signature Date