CTMD Form 5-2 (Rev. 3/2024)

## 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 Entry Date/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: Check the appropriate box. Single with dependent children under 22 years of age, without dependent children or married
- 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)
julian.muller@ct.gov (e-mail)

## CONNECTICUT MILITARY DEPARTMENT REQUEST FOR ORDERS



REQUESTOR INF	<u>ORMATION</u>									
Name: Directorate			P		Phone Number:		Ē·	E-Mail		
INDIVIDUAL INFORMATION										
Last Name	Fir	rst Na	ıme				Middle Ir	nitial		
Mailing Address										
City				State				Zip Code		
Phone Number				E-Mail						
THORIO HUITIDOI				L-iviali						
Rank/Grade Pay Entry Date/Pay Date: Dependent Status: Employee ID#										
☐ Single with no dependent children ☐ Single with dependent children										
☐ Married										
DUTY INFORMATION  Date: Description  Total Duty Device Description										
Dates Requested:					10	otal Duty Days:		Report Time:		
Duty Location: (Address Building Boom etc.):										
Duty Location: (Address, Building, Room, etc.):										
Duty Description:										
Suponioor Nome	Phone N	Jumb	or:	E-Mail:						
Supervisor Name:			Luone I	พนเปิด	ю.	⊏-iviali:				
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TO BE COMPLET			1INISTRA	TIVE			FICER			
Orders #		Base Pay:		Allowances:				FB	FBRR:	
Total Pay:				Total Cost:						
<del> , -</del>				'						
Department:	Department: Fund Code: SID:			Program Code: Bu		Budget	Year:	Chartfield		
TAG Approval (Initials) CTMD MAPO Signature Date									Doto	
TAG Approval (Initials) CTMD MAPO Signature Date										