STATE ACTIVE DUTY- PAY SHEET
DMVA FORM 15

ORGANIZATION (UNIT)	
NAME (LAST NAME, FIRST NAME)	
RANK & PAY GRADE	
YEARS OF SERVICE	
SSN:	
MAILING ADDRESS	
CITY, STATE, ZIP	

DUTY DATES: _____

NUMBER OF DAYS (AKNG):_____

TYPE OF DUTY (CIRCLE ONE): EMERGENCY NON-EMERGENCY

EMPLOYEE: _____ _____ _____
PRINTED NAME/TITLE SIGNATURE DATE

APPROVED BY: _____ _____ _____
PRINTED NAME/TITLE SIGNATURE DATE

DO NOT WRITE BELOW LINE - THIS SPACE FOR PAY CALCULATION

AKNG DAILY RATE:	
NUMBER OF DAYS DUTY:	
TOTAL SAD PAY DUE:	

FUNDING LDPR: ___

DMVA DAS REP: _____ _____ _____
PRINTED NAME/TITLE SIGNATURE DATE

FORM REVISED: March 2020