

**STATE ACTIVE DUTY
DMVA FORM 15**

ENROLLMENT

NAME (LAST, FIRST MI)	
MAILING ADDRESS	Apt
CITY, STATE, ZIP	
SSN	
NUMBER OF DEPENDENTS	
BRANCH OF SERVICE (SELECT)	
ORGANIZATION	
PAY GRADE	
PAY ENTRY BASE DATE / PAY DATE	

DO NOT WRITE BELOW LINE - THIS SPACE FOR J-1

ORDER NUMBER _____ **DATES OF ORDERS** _____

MISSION SUPPORT _____

DUTY DATES (FROM - TO) _____ **NUMBER OF DAYS** _____

AUTHORIZED SIGNATURE _____

DO NOT WRITE BELOW LINE - SPACE FOR DAS PAY CALCULATION

PAY PERIOD END DATE	
FUNDING LDPR	
DAILY RATE	
NUMBER OF DAYS	
TOTAL	

DMVA DAS REP: _____

NAME/TITLE	SIGNATURE	DATE
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