

# 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: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_  

PRINTED NAME
SIGNATURE
DATE

.....  
**DO NOT WRITE BELOW LINE - THIS SPACE FOR DAS**

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

DMVA DAS REP: \_\_\_\_\_  

NAME/TITLE
SIGNATURE
DATE