

Individual Active Duty Certificate of Performance

[For use of this form see USAR Pam 37-1; the proponent agency is
the AR G-8.]

RCS exempt per AR 335-15, paragraph 5-2b(1).

1. FROM (Unit Address to include PAS)

DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 37, U.S.Code, Sec. 101 and following.
Principal Purpose: To certify duty performed as ordered for compensation IAW USAR Pam 37-1 and internal controls as a Reserve Component Soldier.
Routine Uses: To specify and certify as correct the performance of duty.
Disclosure: Disclosure is voluntary; however, failure to disclose the requested information may delay or initiate a collection of the payment of compensation.

I CERTIFY THAT I, _____,
(Rank, Name, SSN)

HAVE COMPLETED _____ DAYS OF THE ACTIVE DUTY PERIOD
(Number)

SPECIFIED IN ORDER _____, HQ _____,
(Order Number) (Issuing HQ)

DATED _____ INCLUSIVE DATES OF DUTY PERFORMED

ARE _____ TO _____
(YYYYMMDD) (YYYYMMDD)
(INCLUDING TRAVEL).

(Soldier's Signature)

(Verifying Official's Signature)

(Date)

(Print Name and Title)

(Phone No.)

(Date)

**Penalty: The penalty for willfully making
a false claim is: A maximum fine of
\$10,000.00 or maximum imprisonment of
5 years or both.
(U.S. Code, Title 18, Sec 287.)**

**The Verifying Official must have personal
knowledge or documentation supporting
the fact that the duty was satisfactorily
performed.**