

**CTNG Regulation 37-106  
General Order 2010-1**

**Personnel Administration**

**Military Funeral Honors**

**Headquarters  
Connecticut Army National Guard  
Hartford, CT  
1 October 2010**

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**Headquarters  
Connecticut National Guard  
Hartford, CT 06105-3706  
1 October 2010**

**CTNG Regulation 37-106  
General Order 2010-1  
Effective 1 October 2010**

**Military Department**

**Military Funeral Honors**

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**Summary.** This is a revised regulation that establishes new policies and procedures for the conduct of Military Funeral Honors (MFH). It replaces Connecticut National Guard (CTNG) Regulation 37-106, dated 1 February 2004. It also establishes one central office and all operations are conducted out of the William A. O'Neill Armory, 360 Broad Street, Hartford, CT 06105-3706.

**Applicability.** This regulation is applicable to all Connecticut Army National Guard (CTARNG) and Connecticut Air National Guard (CTARNG) members, Technicians (TECH) and Active Guard/Reserve (AGR) personnel; Connecticut State Guard and Reserve members (CTSGR); military retirees in the State Guard and Reserve (RET); Veteran's Service Organizations (VSO); and participating Organized Militia members.

**Impact on the New Manning System:** This regulation does not impact on the New Manning System.

**Supplementation.** Supplementation of this regulation is prohibited without prior approval from the Adjutant General (NGCT-TAG), 360 Broad St, Hartford, CT 06105-3706. Proponent to this regulation is DCSPER/J1 (NGCT-PER).

**Suggested Improvements.** The proponent agency of this regulation is the Military Personnel Office (MILPO). Users are invited to send comments and suggested improvements on Department of the Army (DA) Form 2028 (Recommended Changes to Publications and Blank Forms) directly to CTDP-MPO, Military Personnel Office, 360 Broad Street, Hartford, CT 06105-3706.

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By Order of The Adjutant General, In Accordance With (IAW) Connecticut General Statutes (CGS) § 27-20

THADDEUS J. MARTIN  
Major General  
The Adjutant General

Official:  
Robert M. Cody  
Deputy Chief of Staff Personnel/J1

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# SUMMARY of CHANGE

CTNG Regulation 37-106  
Military Funeral Honors

This revision:

- \*Appendix B - Area of Responsibility (Primary and Alternate), removed
- \*Appendix C - Area of Responsibilities (Area Map), removed
- \*Appendix D - Area of Responsibilities (Town Listing), removed
- \*Appendix E - Area of Responsibilities (Town Listing), removed
- \*Appendix F - Area OIC/POC, removed
- \*Appendix G - Funeral Directors Statement, removed
- \*Appendix H - Eligibility, revised and changed to Appendix B
- \*Appendix I – U.S. Army MFH Request, revised and changed to Appendix C
- \*Appendix J – Personnel Administration, revised and changed to Appendix D
- \*Appendix K – Training and Certification, revised and changed to Appendix E
- \*Appendix L – Joint MFH Duty Record, revised and changed to Appendix F
- \*Introduced Appendix G - MFH Detail Verification Form
- \*Appendix J, NGB Form 105S, changed to Appendix H
- \*Appendix K, DA Form 31, changed to Appendix I
- \*Appendix L, AF IMT Form 988, changed to Appendix J
- \*Appendix M, OPM Form 71, changed to Appendix K
- \*Appendix N, Form W-9, changed to Appendix L
- \*Appendix O, Period of Service, removed
- \*Introduced Appendix M - CTMD Appointment Order; Appendix N - VSO and Militia Annex; Appendix O - CTSGR Oath of Enlistment; Appendix P - CTSGR Application for Appointment; Appendix Q - CTSGR Certificate of Service

**1. PURPOSE.** This regulation establishes the policy for furnishing a uniformed MFH detail at military funerals IAW CGS § 27-76 and 27-103 and Department of Defense (DoD) Instruction 1300.15, 22 Oct 07, Military Funeral Support.

**2. REFERENCES.**

- a. CGS § 27-76. Honor Guard Detail at Funeral of Veteran of United States Armed Forces or National Guard.
- b. CGS § 27-103. Definitions.
- c. Title 10 United States Code, Sections 1074a, 1076(a)(2)(E), 1202(2)(C), 1206(2)(B), 1481(a)(2)(F), 1491, 1588(a)(4), 12552, 12732(a)(2)(E) and 12733(4)
- d. Title 28, United States Code, Chapter 171
- e. Title 32, United States Code, Sections 114 and 115
- f. Title 37, United States Code, Sections 204(h)(1)(E), 206 and 435
- g. Title 38, United States Code, Sections 101; Chapter 23 and 53
- h. DoD Instruction 1300.15, 22 Oct 07, Military Funeral Support
- i. Army National Guard Honor Guard SOP, 13 July 2007
- j. Army Regulation 600-25 Salutes, Honors, and Visits of Courtesy

**3. SCOPE.**

- a. The Adjutant General is required by CGS § 27-76 to furnish an Honor Guard Detail at the funerals of deceased veterans who served in the Armed Forces of the United States, in the National Guard, or who died while serving as a member of the Armed Forces of the United States or the National Guard, or any other veteran as defined by CGS § 27-103.
- b. The Secretary of Defense has been charged to ensure that, upon request, an MFH detail is provided for all eligible veterans when requested by an authorized family member.
- c. The mission of each individual MFH detail is to represent the Connecticut National Guard (CTNG), the Connecticut Military Department (CTMD) and the DoD at the rendering of the final tribute with dignity and pride for the deceased service members' family, our community, State, and the United States Armed Forces.

**4. RESPONSIBILITIES.**

- a. Program Coordinator: The program coordinator for MFH Program is the Military Personnel Officer (MILPO). The MILPO will ensure that all requests for MFH received by the CTNG are supported or forwarded to the appropriate branch of service for support.
- b. MFH Coordinator: The Military Funeral Honors Coordinator (MFHC) works under contract from the National Guard Bureau (NGB) and is responsible to ensure that all requests for MFH for Army veterans are performed with the greatest of dignity and pride for the service. He/she will be responsible to provide all required reports to TAG-CT, NGB and DA as necessary. When necessary, he/she will ensure that upon request, MFH for veterans of military services other than the Army are forwarded to the appropriate branch of service for support.
- c. Officer in Charge (OIC) MFH: The OIC MFH acts on behalf of the Program Coordinator and is responsible to ensure all administrative requirements of the MFH Program are completed as required. He/she also ensures all field operations are conducted IAW established policies and procedures.
- d. Noncommissioned Officer in Charge (NCOIC) MFH Field Operations: The NCOIC of MFH Field Operations reports to Headquarters MFH. He/she ensures that all MFH field

operations are conducted according to policy and procedure. He/she also is responsible to ensure all Additional Duty Special Work (ADSW) and Veterans Service Organizations (VSO) requirements are completed properly and on time and utilizes his/her rank and position to administer the field operation of the MFH program to include disciplinary actions if/when necessary,

e. Central MFH Office: The Central MFH Office maintains oversight of all MFH field operations for Army veterans as well as the two regional offices, tracks all relevant military funerals requested and performed, reviews payroll sheets submitted, trains and monitors VSOs, and coordinates all logistic requirements. This office is currently located at the William A. O'Neill Armory, 360 Broad Street, Hartford. The Hartford Office is broken into two sections: The Headquarters Section and the Operations Sections.

f. Operations Section: The MFH Operations Section is responsible for providing MFH to all eligible veterans when requested by an authorized requestor. Operations Section will process MFH payrolls, complete administrative paperwork, interact with VSOs and funeral directors and promote the MFH Program. The Operations Section maintains oversight of their respective jurisdictions. Operations Section report to the Central MFH Office.

(1) MFH Operations Section is responsible for the discipline, appearance, competence of MFH personnel (both military and VSOs) under their control.

(2) MFH Operations Section will recruit available CTARNG and CTANG M-Day/Drill Status Guardsman/Airmen, eligible active and retired CTSGR, Organized Militia to include military retirees in the SGR, Technicians who volunteer and VSO personnel to perform MFH.

(3) Conduct inspections of supporting military and VSO personnel to ensure compliance with MFH directives.

g. MFH Administrative Technician: The MFH Administrative Technician assists in developing the annual budget; creates, updates and submits monthly obligations plans; ensures equitable disbursement of funds; assists in the TAPS System; assists the J1 and MFH Coordinator with planning and coordination of the MFH Program; maintains contact with functional managers; advises other administrative personnel on administrative practices; generates, manages and submits order request for ADSW work; and other duties as necessary.

## **5. RECORDING REQUESTS FOR MFH.**

a. Requests for MFH may be made by authorized family members, or funeral directors for the family of the deceased veteran. Requests should be made by the family member to the supporting funeral director who will contact the MFH Office in their respective region. Should a request be received for a burial outside the Area of Responsibility (AOR) of the regional office receiving the request, the request will be forwarded to the appropriate regional office. Requests will be recorded on the form "U.S. Army Military Funeral Honors Request" (Appendix C). The request will be completed by the regional office performing the detail or the requesting funeral director.

b. MFH details will be assigned as soon as possible after receipt of the request. Upon confirmation of details assigned, the MFH Operations Section will confirm this fact with the funeral director.

## **6. FORMATION OF MFH DETAILS.**

a. MFH Details will be formed according to FM 3-21.5, and will consist of either Full Honors, a Nine Person or Standard Detail.

## Full Honors Military Honors Detail

### Reserved for:

- Service Member Killed in Action (KIA)
- Medal of Honor Recipient
- General Officers (O7 and Above)
- Enlisted Pay Grade E9

### Consists of:

- Team of 16-21 Soldiers
- Three (3) Volleys of Rifle Fire
- Playing of Taps
- Fold and Present American Flag

## Nine (9) Person Detail

### Reserved for:

- Retired Service Member (served 20 years of Active Duty Armed Forces)
- Active Duty, National Guard/Reserved Soldier Not KIA

### Consists of:

- Team of Nine (9) Soldiers
- Three (3) Volleys of Rifle Fire
- Playing of Taps
- Fold and Presentation of American Flag

## Standard Honors Team Detail

### Reserved for:

- Honorably Discharged Veterans
- Team of 2-3 Soldiers
- Playing of Taps
- Fold and Present American Flag

b. Standard Military Honors are conducted for veterans discharged from active duty under conditions other than dishonorable, completed at least one term of enlistment or period of initial obligated service in the Selected Reserve under conditions “other than dishonorable,” discharged from the Selected Reserve due to disability incurred or aggravated in the line of duty. Two or more members of the Armed Forces of the United States, at least one of which will be from the service of the deceased, to fold and present the colors and the playing of taps.

(1) The senior military member of the squad will be the MFH squad leader. The MFH squad leader will sign the payroll.

(2) The MFH squad leader should be at least one rank higher than the rank of the deceased when possible. The squad leader will present the flag.

(3) The standard uniform dress blues will be worn when available. If not available the uniform will be the Class A uniform until they are officially retired. Military personnel will wear the same uniform.

(4) The MFH squad leader will inspect the squad for proper uniform, appearance and procedures IAW AR 670-1.

(5) MFH will be conducted IAW FM 3-21.5 for Army personnel while other branches of service will conduct MFH according to respective service tradition. HOWEVER, the number of personnel assigned a MFH detail for payment of the State Stipend is limited to guidance prescribed in Paragraph 6a of CTNG Reg 37-106, 1 Jan 2005.

(6) The MFH squad leader will prepare an After Action Report for each MFH detail and forward it to the Regional Office within three working days of the services rendered.

## 7. DUTY STATUS.

a. Military Technicians, including temporary technicians, may be granted excused absence of four (4) hours in any one day while participating as a member of an MFH detail. Temporary technicians cannot take any leave until they have served 90 days as a technician, therefore, if they want to be paid, they must use "Leave Without Pay." Those employees seeking to be paid will be required to use a minimum of four (4) hours annual leave for the amount of time away from their official duty station. Leave will be monitored by the individuals' line supervisor. Payment for technicians who participate in MFH squad will be in their normal drill check. They will also receive one retirement point. Taxes will be withheld. Technicians should be advised that if they suffer injury or death as a result of MFH duty, they are not eligible for employee's compensation benefits under Federal Employee's Compensation Act. MFH duty for technicians and/or M-Day/Drilling Guardsmen is the same as for an injury/illness incurred during their performance of ADSW.

b. Active Guard/Reserve (AGR) Members may elect to participate as part of their normal duties. AGR members who elect to participate as part of their normal workday voluntarily must take one (1) day of leave should they seek payment of the stipend. AGR personnel are authorized to perform MFH on a non-duty day (week-end, holiday, etc) with no charge of leave. Authority to authorize leave is at the discretion of the AGR soldier's first line supervisor based upon mission requirements, priorities, and/or the soldier's leave account balance. AGR personnel will be paid from the State of Connecticut Military Department funds. A separate check will be drawn from the Comptroller, State of Connecticut and no taxes will be withheld. No retirement points will be earned.

c. Qualified Veteran Service Organizations (VSO) and Organized Militia members will receive their stipend from the State of Connecticut Military Department provided the deceased meets the requirements of CGS Sec 27-76 and 27-103. To be recognized as a qualified VSO member, that member must obtain membership in the CTSG or CTSGR. Membership can be accomplished by contacting the Military Historical Section, National Guard Armory, 360 Broad Street, Hartford, CT 06105-3706. Appointment Orders (Appendix M) into the State Guard and Reserve (SGR) will be filed with the Connecticut Military Department, Historical Office and the member will be required to sign and swear an Oath of Enlistment Reserve Armed Forces of the State of Connecticut (Appendix O). Any squad member who is paid from state funds is not eligible for employee's compensation benefits under the Federal or State Employee's Compensation Act as they are considered private contractors providing a service to the state.

d. AOR maps will be kept on file with the Hartford Operations section at the Hartford Armory.

## 8. BUGLERS.

a. MFH Operations will attempt to provide a military bugler based on availability of personnel. Any bugler assigned to the organized militia, CTSG, CTSGR or an approved VSO bugler is considered to be military bugler. Civilian buglers may be contracted and are eligible to participate. He/she will receive their stipend from Federal funds. MFH Operations should contact the funeral director when a military bugler is not available and offer a substitute ceremonial bugler.

b. Ceremonial bugles will be issued for use during MFH.

c. A funeral director may coordinate for a non-military bugler; however, payment to the bugler will be the responsibility of the respective funeral director.

**9. AUTHORIZATION FOR PAYMENT.** MFH detail payrolls will be prepared using MDCT Form 5-1a (Appendix A). The form will be prepared in duplicate and forwarded within three working days after completion of the squad, to the Office of the MFHC, National Guard Armory, 360 Broad Street, Hartford, CT 06105-3706. This report certifies attendance. All signatures on both forms are to be original when possible. Should the MDCT Form 5-1a not be available at the time the honors are provided, a MFH Detail Verification Form must be filled out and submitted. Payrolls will indicate the term "Bugler" after the name of the individual who performed this service.

a. The request for payroll will be prepared as shown in Appendix A. To expedite processing of the payroll, strict adherence to the format outlined in Appendix A is mandatory.

(1) The Social Security Number (SSN) will be placed under the individual's name. If the social security number and name are too long for one line, place the SSN on the top line and the name on the second line. The check mailing address will also be located in that block.

(2) Technicians and M-Day personnel who are included in the squad will have their unit of assignment included under their home address.

(3) Due to the funding split, (Federal -Technician/M-Day and State AGR/CTSGR/RET/VSO) the affiliation of the member must be entered to the right of the SSN using one of the following codes:

(a) TECH - signifies a National Guard Technician and M-Day

(b) AGR- signifies an Active Guard/Reserve Soldier

(c) CTSGR - signifies State Guard (active or retired)

(d) ADOS - signifies all other Active Guard Members of MFH

(e) BUGLER- signifies all bugler, both electronic and live

(4) No individual will receive payment for an MFH squad while in any other paid status (i.e., AGR member does not take leave on duty days...no pay due: Technician does not take leave on duty days...no pay due). The words "**NO PAY DUE**" will be entered as shown in Appendix A with one red line drawn through all information when no pay is due to the member. The individual will place his/her initials in the block *Request payment for duty performed* to verify awareness of the non-pay status.

(a) AGR Soldiers must take one day of annual leave in order to be paid State Stipend for the performance of MFH duty during their scheduled duty day. Individuals are responsible to ensure that a copy of his/her leave slip is forwarded with the squad payroll. Army AGR will use DA Form 31 (Appendix I) completing blocks 1 thru 13 with the approving authority's signature in block 13.

(b) AGR Soldiers are not required to take annual leave for payment of the State Stipend on scheduled non-duty days (i.e., non-duty weekends, holidays).

(c) Technicians must take a minimum of four hours annual leave in order to be paid the Federal Stipend for the performance of MFH duty during their scheduled duty day. Individuals are responsible to ensure that a copy of his/her completed leave slip is forwarded with the squad payroll. Technicians will use OPM Form 71 (Appendix K) with the approving authorities' signature in block 8c. Technicians are not required to take annual leave for payment of the Federal Stipend on scheduled non-duty days (i.e., non-duty weekends, holidays).

(d) M-Day (ADOS) Soldiers who are in an ADSW status or Short Active Duty Tour have and must follow the same leave requirements procedures as an AGR in paragraph 9 of this regulation.

(e) Payrolls will be processed promptly and AGR Soldiers and Technicians requesting payment without the supporting leave slip will not be paid.

(f) Stipend payments will be reconciled with leave records to verify members are charged leave when they receive MFH Stipend payments for duty days. The CTARNG/CTANG MFH technician will perform an annual reconciliation of AGR MFH payments against AGR leave records during the month of July. The Military Pay Section will reconcile Technician MFH stipend payments against Technician leave records.

(g) The State Comptroller has established a procedure to reconcile Technician MFH stipend payments. The Military Pay Section, on a bi-weekly basis, compares the Joint Military Funeral Honors Duty Record (Appendix F) against the master time history report in the Defense Civilian Pay System database. Any discrepancies are brought to the attention of the timekeeper/supervisor for correction

(h) Under no circumstances may the performance of funeral honors or the preparation of such honors be considered a period of drill or training. The use of split unit training assemblies (SUTAs) is prohibited.

(i) The individual squad members will sign their name in the block marked: *Request Payment for Duty Performed SIGNATURE*. All signatures will be original. This signature verifies that the individual performed the duties of an MFH squad member or bugler for the deceased veteran on the date indicated in the remarks section of the form. The following back-up documentation will be attached to the MDCT FORM 5-1a:

(1) The completed "Request for Funeral Squad".

(2) A copy of the deceased service member's DD Form 214 or equivalent (Discharge, Orders, Letters of Verification from the VA, etc.).

(3) If applicable, the completed "Joint Military Funeral Honors Duty Record" (Appendix F) for Army Guard Technician and M-Day Soldiers.

(4) If applicable, a copy of the OPM Form 31 "Request and Authority for Leave" (Appendix K), for Army AGRs.

(5) If applicable, a copy of the OPM Form 71 "Request For Leave or Approved Absence" (Appendix K), for Technicians, Army and Air, performing squads for payment of the Federal Stipend on a duty day.

(6) The Department of Internal Revenue Service requires that each person performing State Active Duty and/or MFH Duty on the State Payroll must submit and IRS Form W-9 (Appendix L). Therefore in order to be paid the State Stipend, new MFH recruits must submit a completed W-9.

b. Technicians and AGR personnel who participate as members of the MFH squad and who are not authorized payment will not sign in the block indicated on the MDCT FORM 5-1a. The statement "**NO PAY DUE**" will be entered as shown in Appendix A. The initials of the individual

will appear in the block *Request Payment for Duty Performed SIGNATURE* to verify awareness of the non-pay status.

c. No individual, regardless of status, will receive payment for more than one MFH squad per day. Should an individual perform more than one squad on a given day the payment “***NO PAY DUE, MULTI SQUAD***” will be entered as shown in Appendix A. The initials of the individual will appear in the block Request payment for duty performed to verify awareness of the non-pay status.

d. A separate “Joint Military Funeral Honors Duty Record” (Appendix F) will be submitted for each Army Guard participant who is authorized payment by federal funds (i.e., M-Day or Technician). The certification for stipend payment and authorizing official will not be signed at unit level. These will be signed by the MFH staff personnel.

**10. USE OF COMPENSATORY TIME.** MFH coordination or Point of Contact (POC) duties given to Technician personnel are considered “other duties assigned.” Consequently, the time required to coordinate MFH squads (i.e. contracting participants, obtaining weapons, etc.) is considered apart of the coordinators’ or POCs daily duties and responsibilities and will be performed during their normal duty day. Supervisors may grant compensatory time for an equal amount of irregular or occasional overtime work. It will not be earned solely for the purpose of coordinating MFH.

**11. NON-PERFORMANCE OF SQUAD.**

a. Every effort will be made to accommodate an MFH request. MFH Operations Section has the complete responsibility of providing and MFH squads for all burials within his/ her AOR.

b. Any failure to provide requested MFH is a serious breach of protocol. Any such occasion requires a Memorandum of Record, through command channels, to The Adjutant General, ATTN: NGCT -PER.

c. Any incident that could cause disrepute to the Connecticut National Guard while involved in MFH will be reported to the MILPO.

**Appendix A**  
**MDCT FORM 5-1a**

STATE OF CONNECTICUT--MILITARY DEPARTMENT An independent agency attached to the Department of Public Safety for Administrative purposes. MOCT 5-1a (10/05)						
PAYROLL OF: 01			DATE: 1/1/2007 12:00		PAYMENT LIST NO.:	
American Legion Post 17						
LOCATION OF DUTY:					AMOUNT:	
ST PAUL CEMETERY					HARTFORD, CT	
						REQUEST PAYMENT FOR DUTY PERFORMED SIGNATURE
NO.	NAME ADDRESS EID, PMS, SGR, ETC. (MILITARY NO.)	GRAD.	TEAM	RECORD	AMOUNT PAID	
1	ARMSTRONG DAVID 555555555 EID 920358 P.O. BOX 503 ONECO CT 06373	SGR	TEAM 05	SGR <input type="checkbox"/>	\$50.00	
2	BOUFFARD CHARLES 444444444 EID 41607 37 NORTH STREET PLYMOUTH CT 06782	SGR	TEAM 15	SGR <input type="checkbox"/>	\$50.00	
3	SMITH F DONALD 000000000 EID 69253 188 ALEXANDER DR COLCHESTER CT 06415	SGR	TEAM 10 12	SGR <input type="checkbox"/>	\$50.00	
4	AMATO MICHAEL EID NA 11 LETTNEY PLACE WEST HAVEN CT 06516	TECH	TEAM	E4 <input type="checkbox"/>	\$56.65	PAID FED FUNDS
5	APUZZO JOHN EID 7008 PELICAN BAY BLVD # H-50 NAPLES FL 34108	TECH	TEAM	E5 <input type="checkbox"/>	\$90.74	PAID FED FUNDS
6	CASSIDY STEPHEN EID NA 15 DAVIS STREET APT 2 DANBURY CT 06810	ADOS	TEAM	E4 <input type="checkbox"/>	\$0.00	NO PAY DUE
7	OSORIO JOSE EID NA 33 PROSPECT STREET NORWALK CT 06850	ADOS	TEAM 14	E5 <input type="checkbox"/>	\$0.00	NO PAY DUE
8						
REMARKS: I CERTIFY THAT THE ABOVE NAMED PERSONNEL PARTICIPATED IN THE MILITARY FUNERAL OF:					MIL. NO.:	
SMITH JOHN E2 VETERAN OF (BRANCH): ARMY ON: 1/1/2007					INDIVIDUALS CONCERNED	
AT: ST PAUL CEMETERY HARTFORD DATES OF SERVICE: 1/1/1941/2/5/1943 WWI						
AND PERFORMED THE DUTIES OF A FIRING SQUAD						
I CERTIFY THAT THE INDIVIDUALS WHO HAVE SIGNED THIS PAYROLL ARE MEMBERS OF THE ARMED FORCES OF CONNECTICUT AND THAT THE GRADE, TOTAL YEARS SERVICE, AND NUMBER OF DAYS DUTY ARE CORRECT AS RECORDED AND THAT THE DUTY WAS PERFORMED IN ACCORDANCE WITH APPROPRIATE AUTHORITY.				SIGNATURE OSORIO JOSE		Date: 1/1/2007
<small>PRIVACY ACT STATEMENT: 1. Authority: Title 37 USC Code Sec. 204 (S&amp;A); Executive Order 9807 10 USC 275. 2. Principal Purpose(s): Authorize Military to perform State Active Duty. 3. Required, Key: Help to verify performance of State Active Duty. 4. Mandatory or voluntary disclosure and other information on use of (Authority, State Active Duty) is one of the fields in the Pay and Allowance System. If this is not on card, individual would not be paid.</small>				<small>WAGNER STATEMENT: Personnel assigned on this form for State Active Duty will be treated as State Employees for the purpose of Federal State income and FICA/Medicare withholding taxes only. This status confers no other benefits or implied benefits. Personnel ordered to State Active Duty who are employed by another State Agency must complete State Personnel form SPEN-DE-1 prior to assignment permitting to insure that the compensation for this duty is outside the responsibility of the agency of principal employers (AVM Sec 5-205a GSC).</small>		

Entered By OSORIO JOSE

Mission ID No

1346

Regional Office: MANCHESTER

## **Appendix B**

### **Eligibility**

1. Initial eligibility determination will be made by the District OIC based upon information provided by the funeral director. A DD Form 214 or equivalent is required to verify the deceased's eligibility. Lack of verification of service is not a reason to deny the honors. Payment of the squad will wait until an appropriate verification document is received.
  
2. To qualify for Federal MFH, the following criteria must be met:
  - a. Burial must be within the State of Connecticut.
  - b. Active Duty Service: (Funeral Director to verify form DD 214 or equivalent.
    - (1) Individual must have served as a member of the United States Army, Navy, Marine Corps, Air Force, Army Air Force, Coast Guard, Merchant Marines, or served with the armed forces of another government associated with the United States.
    - (2) Individual must have been honorably discharged or released under conditions other than dishonorable from active service in the armed forces.
    - (3) If separated from service earlier because of a service-connected disability rated by the Veterans Administration.
    - (4) If separated from service earlier due to demobilization.
    - (5) If died while a member of the Active Component.
  - c. National Guard/Reserve Service:
    - (1) Must have completed at least one enlistment as a member of the Ready Reserve, or in the case of an Officer, completed the initial obligated service as a member of the Ready Reserve.
    - (2) If separated from the service before completion of initial service for a disability incurred or aggravated in the line of duty.
    - (3) Died while a member of the Ready Reserve.
  - d. To qualify for MFH and payment of Federal Funds, the deceased must meet the criteria listed above and in Section 6.a. of the "Request for Funeral Squad" (Appendix C, this regulation.) AGR personnel, CTSGR, Retirees and VSO members will not be paid if they provide MFH when the deceased meets the criteria listed in Section 6.a. of Appendix C. This criterion is for the payment of Federal Funds to Technicians and M-Day Soldiers only.

Appendix C

Version 1.1



**U.S. ARMY  
MILITARY FUNERAL HONORS REQUEST**  
Connecticut Army National Guard

**Hartford Office**  
Office: (860) 883-6778  
Cell: (860) 883-7076  
Fax: (860) 493-2787

**DD 214 OR DISCHARGE CERTIFICATE MUST ACCOMPANY THIS REQUEST WITH AT LEAST 48HRS NOTICE**  
 **After working hours (M-F 0730-1600) weekends or holidays or within 24 hours call 860-883-7127 to reach the on duty person**

DATE (DD-MMM-YYYY) / TIME Interment / Memorial Service:		<input type="checkbox"/> CASKET <input type="checkbox"/> URN <input type="checkbox"/> OTHER (i.e., memorial service)	
LAST NAME, FIRST, MIDDLE:	RATE / RANK:	Status: <input type="checkbox"/> VET <input type="checkbox"/> RET <input type="checkbox"/> ACTIVE DUTY	
SSN:	DATE OF DEATH:		
<b>WHERE WOULD YOU LIKE THE HONORS TO BE RENDERED?</b>			
<input type="checkbox"/> CEMETERY <input type="checkbox"/> CHAPEL <input type="checkbox"/> FUNERAL HOME <input type="checkbox"/> OTHER (Specify) _____			
NOTE: Honor Guard reports 45 minutes prior.			
LOCATION NAME:		PHONE:	
ADDRESS:		PLOT NUMBER:	
CITY:	STATE:	ZIP:	
<b>NEXT OF KIN INFORMATION</b>			
NAME OF PERSON TO RECEIVE FLAG:		RELATION TO DECEASED:	
ADDRESS:		PHONE:	
CITY:	STATE:	ZIP:	FUNERAL HOME WIL PROVIDE FLAG? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>FUNERAL HOME INFORMATION/REQUESTOR INFORMATION</b>			
NAME:		POINT OF CONTACT FOR CONFIRMATION:	
ADDRESS:		PHONE:	CELL PHONE:
CITY:	STATE:	ZIP:	COMMENTS:
<b>SELECT REQUESTED HONORS</b> <input type="checkbox"/> RIFLE SQUAD <input type="checkbox"/> FLAG PRESENTATION <input type="checkbox"/> PALL BEARER <input type="checkbox"/> TAPS <input type="checkbox"/> CHAPLAIN <input type="checkbox"/> OTHER			SIGNATURE OF REQUESTOR:

EFFECTIVE 1 November 2009

All Previous Version Are Obsolete And WILL NOT be Accepted

## **Appendix D**

### **Personnel Administration**

1. **MISSION:** The mission of the MFH Squads is to render the final honors for our nation's veterans as a final tribute to those who have stood up to defend our freedoms and kept our nation free. **The below listed items are applicable to all personnel performing MFH details where applicable.**

#### **2. CODE OF CONDUCT:**

a. As a member of an MFH squad, you must practice the highest standards of behavior, obedience and loyalty, not only in the performance of duties, but also in your relationship with other MFH squad members as well as the military and civilian community. Your standard of conduct must be such that your behavior and motives do not create the slightest appearance of impropriety. Your standard of conduct must be such that your behavior and motives do not create the slightest appearance of impropriety. Your commitment to integrity will lead the way for others to follow. In the same light, any substandard behavior will cause grave damage to the Connecticut National Guard. For this reason, substandard behavior will not be tolerated and will cause the suspension of your privileges as a member of the MFH Squad.

b. As a member of the MFH Squad, you should be proud of the uniform you wear as well as the honors you provide. You must display pride and respect for the uniform by investing the time and energy necessary to wear it properly.

#### **3. ATTRIBUTES OF A MFH SQUAD MEMBER:**

a. True professionals who continually go above and beyond to improve themselves and the Connecticut National Guard.

b. Meets the military dress and appearance standards.

c. Tactfully corrects those who do not comply with Army standards.

d. Must be willing to sacrifice time and effort to support the MFH program.

e. Must have a positive attitude especially during trying periods.

f. Must look good in uniform. Technicians and M-Day personnel must meet the standards of AR 600-9 and not be flagged for any reason.

g. VSO will meet the standards of uniform dress for their specific VSO as well as requirements above (excluding 3.f.)

#### **4. ATTENDANCE:**

a. Once a commitment is made to attend an MFH, attendance becomes mandatory.

b. The NCOIC/OIC will be responsible for tracking attendance of all MFH squad members

c. Each squad member is responsible for immediately informing his/her NCOIC/OIC of any situation that would impact his/her attendance or timeliness.

d. The NCOIC/OIC must be notified of any address or phone number changes immediately. Technicians and M-Day personnel must also notify their NCOIC/OIC of any change in unit or assignment.

#### **5. DISMISSAL: (not all inclusive)**

a. Unexcused absence from duty.

b. No show for committed detail.

- c. Repeated dress, appearance or performance problems.
- d. Repeated attitude or disciplinary problems.
- e. Theft.
- f. Destruction of property.
- g. Vandalism.
- h. Insubordination.
- i. Misuse of property.

**6. PROCEDURE FOR DISMISSAL**

- a. Depending upon the severity of the violation, a first offender may receive a verbal counseling. A breach of a serious violation may result in immediate suspension or dismissal.
- b. Following member's second violation of the Standing Operating Procedure (SOP), a member will receive a written counseling statement with a final warning.
- c. Following the third violation of the SOP, a hearing for dismissal will be scheduled. The hearing will include any squad leaders who have counseled the member, the member and the NCOIC/OIC. Failure of the member to attend this hearing is grounds for dismissal.
- d. The recommendation of the NCOIC/OIC will be submitted in writing to Deputy Chief of Staff Personnel / J1
- e. Final disposition of each case will be made by the Connecticut National Guard Military Personnel Office and communicated in writing to the squad member.
- f. Dismissals may be appealed within 30 days to The Adjutant General, State of Connecticut, 360 Broad Street, Hartford CT, 06105-3706

**7. COORDINATION OF DETAILS:** The NCOIC/OIC:

- a. Coordinate funeral details with assigned team leaders.
- b. Conduct a walk through practice as necessary.
- c. Ensure honors are furnished.
- d. Train MFH details IAW CT ARNG MFH SOP and in conjunction with the MILPO and MFHC.
- e. Insure assigned personnel are on hand and on time for all funerals.
- f. Insure members maintain a high standard of appearance.
- g. Attend training.
- h. Know the traditional formation ceremonies and protocol.
- i. Maintain all assigned equipment.
- j. Ensure weapons are stored in a secure area and transported securely IAW NGR 190-11.

**8. DRESS AND APPEARANCE:**

- a. GENERAL:
  - (1) Dress and appearance during military funerals will meet standards of AR 670-1
  - (2) All MFH members are responsible for the cleaning and good appearance of his/her uniform.
  - (3) Females will be conservative in their use of cosmetics and jewelry IAW AR 670-1.
- b. BODY PIERCING: No attaching, affixing, or displaying objects or ornamental to or through the skin while assigned as a member of a MFH Squad. (Exception to the policy is the wearing of earrings for females as outlined in paragraph 1-14c. AR 670-1.)

c. TATTOOS: No attaching, affixing, or displaying objects, jewelry or ornamentation to other areas of the body that are prejudicial to good order and discipline are prohibited. Additionally any type of tattoo or brand that is visible while wearing the class A uniform and detracts from a soldierly appearance is prohibited.

d. UNIFORMS:

(1) Unless otherwise specified, the only authorized uniform for MFH details is the Dress Blues. Class A uniforms may be worn if the Dress Blue uniform is not available with the permission of the OIC. Both members of folding and presenting colors will be in the SAME uniform.

(2) VSO members will be in the established uniform of their specific VSO or the uniform of the service at the time of their last discharge. The wear of the uniform will be standardized for each organization and only authorized items will be worn on the uniform with the rank as listed on discharge. All uniforms to be worn by MFH personnel will be subject to the approval of the OIC MFH.

(3) Militia members will wear their statutory (unit) rank. Brevetted rank will not be permitted. If the Militia member is also a veteran of the United States Armed Forces, the Militia member will wear the rank as listed on their discharge (DD Form 214 or NGB Form 22).

(4) Uniforms will be worn IAW the applicable service regulations.

(5) It is the responsibility of the individual squad members to maintain all equipment in serviceable condition.

(6) Individuals will be inspected prior to each squad by the ranking member present.

e. RECORDS AND PAYROLLS:

(1) All records and payrolls must be handled with care and accuracy. Incorrectly prepared payrolls will be returned to the individual or organization for corrections.

(2) MFH Operations Section will ensure that backup copies of all payrolls and correspondence are maintained. Destroy after 3 years. (AR 25-400-2, Table B-17, FN: 37-105p Payroll Control Documents.)

(3) Periodic and no notice visual inspections will be made; both of records and squad performance.

(4) AGR payrolls with stipend payments will be reconciled on an annual basis against leave records to verify members are charged leave when they receive MFH Stipend payment for duty days. Annual reconciliation for AGR personnel will be held during the month of July. Reconciliation payrolls with stipend payments will be accomplished on a bi-weekly basis by the Military Pay Section.

## **Appendix E**

### **Training and Certification**

1. Training for MFH is an ongoing function. The MFH NCOIC/OIC will provide initial training and certification for the Area POCs, Retirees, State Militia members, Army/Air Guard personnel and VSO personnel assigned to their area. Follow on training for previously certified personnel and MFH recruits will be conducted by MFH NCOIC/OIC, POCs and Squad Leaders. Training will consist of the following, but is not limited to:

- a. Graveside services for casketed and cremated remains.
- b. Firing of the volley.
- c. Folding and presenting the flag.

2. MFH NCOIC/OIC will coordinate with the MFH Coordinator to pick up a copy of the updated MFH training video, training flags, training certificates and lapel pins for VSOs. VSOs will be given a training certificate and lapel pin upon satisfactorily completing the training requirements. VSO and Militia members who wish to participate in the CT Honor Guard are required to refer to the VSO Annex for further guidance.

**Appendix F  
Joint Military Funeral Honors Duty Record**

**Joint Military Funeral Honors Duty Record**

- All areas of this form must be filled out down to Certification for Payment.
- Incomplete forms will be returned without payment being processed.

Team: 01 American Legion Post 17  
*(Veterans Organization supporting MFH Detail)*

Name: AMATO MICHAEL Rank: E4  
SSN: 22222222 \*Excepted Technician: \_\_\_\_\_  
HOR: 11 LETTNEY PLACE WEST HAVEN CT 06516 Duty Code: 44

*I authorize this member to perform Military Funeral Honors Duty on the date(s) shown below.*

Authorizing Official: OSORIO JOSE \_\_\_\_\_  
*Printed Name and Title of Squad Leader* *Signature*

DATE:	TIME IN:	TIME OUT:	DUTY PERFORMED:	MISSION #
<u>1/1/2007</u>	<u>12:00</u>			<u>1346</u>
	<i>(Minimum of 4 hours)</i>		<i>(Flag Folding/Firing Detail/Bugler)</i>	

DUTY LOCATION: ST PAUL CEMETERY HARTFORD MEMBERS SIGNATURE: \_\_\_\_\_  
*(City/Town)* 1/1/2007

XX Pay Status \_\_\_\_\_ Non-Pay Status \_\_\_\_\_

**Certification for Payment**

I certify this member performed Military Funeral Honors Duty in proper military uniform in accordance with published law and regulations on the date(s) and time(s) shown above.

Certifying Official: SFC Daniel J Serbyn \_\_\_\_\_  
MILITARY FUNERAL HONORS OFFICER *Signature*

Note:  
\*Technicians must attach a copy of their OPM Form 71, signed by their supervisor.

Entered By OSORIO JOSE Mission ID N 1346 Regional Office MANCHESTER

**Appendix G**  
**MFH Detail Verification Form**



**U.S. ARMY**  
**MILITARY FUNERAL HONORS**  
**Detail Verification Form**  
**Connecticut Army National Guard**

**Hartford Office**  
 Office: (860) 883-6778  
 Cell: (860) 883-7076  
 Fax: (860) 493-2787

DATE (DD-MMM-YYYY) / TIME Interment / Memorial Service: [REDACTED]		Location: [REDACTED]	
LAST NAME, FIRST, MIDDLE: [REDACTED]		Mission number [REDACTED]	
Firing party member [REDACTED]		ORGANIZATION [REDACTED]	
Firing party member [REDACTED]		ORGANIZATION [REDACTED]	
Firing party member [REDACTED]		ORGANIZATION [REDACTED]	
<b>VERIFYING OFFICIAL</b>			
Name of Person Verifying Duties Performed [REDACTED]		ORGANIZATION [REDACTED]	
ADDRESS: [REDACTED]		PHONE: [REDACTED]	
CITY: [REDACTED]	STATE: [REDACTED]	ZIP: [REDACTED]	
Method of verification [REDACTED]		SIGNATURE OF VERIFIER	

# Appendix H

## NGB Form 105S, Authorization for Individual Inactive Duty Training

AUTHORIZATION FOR INDIVIDUAL INACTIVE DUTY TRAINING					
The proponent agency is ANG/FM. The prescribing directive is ANGI 65-101.					
<b>PRIVACY ACT STATEMENT</b>					
1. <b>AUTHORITY:</b> Title 10 USC 275, Title 37 USC 204, and Executive Order 9397 . . .					
2. <b>PURPOSE:</b> Used to verify performance of Inactive Duty Training for pay purposes and awarding of retirement point credit.					
3. <b>ROUTINE USES:</b> None					
4. <b>DISCLOSURE:</b> Mandatory; SSN is required by the Defense Joint Military Pay System (DJMS). If SSN is not provided, individual will not be paid.					
NAME: (Last, First, Middle)			SSN:	SQUADRON:	
MEMBER'S SIGNATURE:			ORIGINAL SCHEDULED DUTY DATE:		
DUTY CODE:	WUC:	DATE PERFORMED:	TIME IN:	TIME OUT:	PERIOD:
DUTY CODE:	WUC:	DATE PERFORMED:	TIME IN:	TIME OUT:	PERIOD:
FHD			FUNERAL HONORS DETAIL:		
ZZC617 - Enlisted		ZZC507 - Officer	<input type="checkbox"/> Base Pay	<input type="checkbox"/> Retirement Points Only	
(See ANG Pay Message 2003-05 and 2003-8 for format)		<input type="checkbox"/> \$50.00 Stipend	<input type="checkbox"/> Retiree (Must be done on SF 1034)		
DUTY CODES & WORK UTILIZATION CODES					
<b>DUTY CODES</b>	<b>AFTP</b> (Additional Flying Training Periods)	<b>PT</b> (Proficiency Training)	<b>EQT and UTA</b> (RUTA, SUTA, & BUTA)	<b>TPPA</b>	
F = AFTP P = PT U = UTA Q = EQT T = TPPA	LA - Mission Ready (MR) Flying LB - Mission Support (MS) Flying LC - Mission Ready Ground LD - Mission Support Ground	HA - Crash/Fire Rescue HB - Combat Control Team HC - Air Weapons Controller HD - Air Traffic Controller HE - Other	KA - Pay Category A KB - Pay Category P	IT - Unit Training Prep Period Assembly	
LOCAL USE ONLY					
CERTIFYING OFFICIAL					
PRINTED NAME, GRADE & TITLE:					
SIGNATURE OF CERTIFYING OFFICIAL:				DATE:	
AUTHORIZING OFFICIAL					
PRINTED NAME, GRADE & TITLE:					
SIGNATURE OF AUTHORIZING OFFICIAL:				DATE:	

NGB 105S, 20060412 (EF) (Adobe v6.0) (PREVIOUS EDITIONS ARE OBSOLETE.)

# Appendix I

## DA Form 31, Request and Authority for Leave (ARMY)

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions on reverse.)					
PART I					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK	5. DATE
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)			7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN. STATION, AND PHONE NO.
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS					
Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)		d. PASSPORT NUMBER	
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS			27. ACCOUNTING CITATION		
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION			

DA FORM 31, SEP 1993

EDITION OF 1 AUG 75 IS OBSOLETE

Page 1 of 2  
APD PE v5.02ES

# Appendix J

## AF IMT Form 988, Leave Request/Authorization (AIR)

LEAVE REQUEST/AUTHORIZATION (See Privacy Act Statement and General Instructions below)				SECTION I		
		TO: ACFP	1. DATE OF REQUEST 0	2. TYPE OF TRANSACTION (1-5) (AFO Use Only)		
3. SSN (5-14) --	4. NAME (Last, First, Middle Initial) (15-18)		5. GRADE	6. CURRENT LV BALANCE	6a. DOS	
7. RECOMMEND CONVALESCENT LEAVE FROM _____ TO _____		8. TYPE OF LEAVE (Check one) <input type="checkbox"/> Ordinary (A) <input type="checkbox"/> Convalescent (F)		<input type="checkbox"/> Terminal (P) <input type="checkbox"/> Emergency (D) <input type="checkbox"/> Appellate Review (R) <input type="checkbox"/> Special (H)	<input type="checkbox"/> Reenlistment <input type="checkbox"/> Graduation (J) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Permissive TDY (T)	PTDY Reason (AFI 36-3003)
PROVIDER'S SIGNATURE & STAMP						
9. NO. DAYS REQUESTED (23-25)	10. LEAVE AUTH NO. (27-43)	11. FIRST DAY/TIME OF LV STATUS	12. FIRST DAY OF CHARGEABLE (47-52)	13. LAST DAY OF CHARGEABLE (53-58)		
14. LEAVE AREA (35) <input type="checkbox"/> CONUS <input type="checkbox"/> OS <input type="checkbox"/> OS to CONUS		15. EMERGENCY PHONE NO.	16. LEAVE ADDRESS (Street, City, State, Zip Code, and Phone No.)			
17. DUTY PHONE NO.	18. UNIT	19. DUTY SECTION				
20. DUTY LOCATION						
LEAVE REQUEST CERTIFICATION: I acknowledge that the leave requested by me will be charged against my leave account unless otherwise canceled or corrected through Part III of this form. In addition, if I cannot earn enough leave before separation to cover this request, I consent to withholding from current pay, final pay, or any other pay due me to satisfy this indebtedness. I understand that there is no actual debt until my final separation from the Air Force. However, I consent to this withholding of pay in anticipation of the indebtedness for the unearned portion of my leave balance. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my requested or projected separation date, and understand that this could result in the withholding of 100% of any current pay, final pay, or any other money due me. I have read the instructions on PART 7.						
21. MEMBER'S SIGNATURE			22. LEAVE IS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE		
23. SUPERVISOR'S NAME AND GRADE (Print or Type)			24. DUTY PHONE	25. SUPERVISOR'S SIGNATURE		
SECTION II (To be completed by supervisor/unit commander to authorize advance or excess leave)						
26. LEAVE AVAILABLE TO ETS (From LES)	27. ADVANCE LEAVE REQUESTED (Block 9 minus 6)	28. EXCESS LEAVE REQUESTED (44-46) (Block 9 minus 26)	29. TOTAL LEAVE APPROVED			
30. UNIT HEADQUARTERS	31. COMMANDER'S SIGNATURE/GRADE	32. AUTHORIZATION DATE	33. AUTHORITY FOR ADVANCE LEAVE OVER 30 DAYS			
PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C., Chapter 40; 37 U.S.C., Chapter 9, § 9397, November PRINCIPAL PURPOSES: To authorize military leave, document the start and stop of such leave, record address and telephone number where you may be contacted in case of emergency during leave, and certify leave days chargeable to ROUTINE USES: Information may be disclosed to the Department of Justice, and to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; the American Red Cross for information concerning the needs of the member or dependents and relatives in emergency situations DISCLOSURE: Disclosure of SSN is voluntary. However, this form will not be processed without your SSN, since the Air Force identifies members by SSN for pay or leave purposes.						
GENERAL INSTRUCTIONS (For emergency, reenlistment, convalescent, terminal, appellate review leave, and PTDY, see variations in AFM 177-373, Volume II, Ch 7.)						
1. THIS FORM MUST BE TYPED OR COMPLETED IN INK.						
2. BEFORE SEPARATING PARTS I, II, AND III, COMPLETE THE FOLLOWING BLOCKS: a. Blocks 1 thru 5, 9, 12 thru 21, and 23 thru 25 are self-explanatory. b. Block 6, current Leave Balance. Verify that the member has enough leave balance to cover the period of leave requested. This may be done by checking the member's LES or the ordinary room's leave balance listing. Complete 6a when member requests leave with a planned return date within 30 days of DOS. c. Block 7. This block will be completed, signed, and stamped by the appropriate medical authority if convalescent leave is recommended. d. Block 8. For PTDY, state the paragraph number of the applicable reason for PTDY as stated in AFR 35-26 and in Remarks area give abbreviated description of purpose of PTDY. (For example: Base baseball team.) e. Block 10. Leave Authorization Number. Supervisor or designee obtains a leave authorization number from the unit ordinary room immediately before signing a leave approval and forwarding Part I to AFO. Do not get leave number earlier than 14 days before effective date. f. Block 11. First Day/Time of Leave Status. This is the earliest time a member can depart or sign up for space available transportation. If planned departure is on a non-duty day, enter the non-duty date and 0001 hours. If planned departure is on a duty day without performing the majority (more than 50%) of scheduled duty, enter the date and time when more than 50% of the scheduled duty will be completed. NOTE: Leave status is not necessarily chargeable leave. Date cannot be more than 1 day before the date in block 12. See also Part III, instructions for Charging Leave. g. Block 22. For PTDY, use approval level required by AFR 35-26. h. Blocks 26-33. Complete only to authorize advance or excess leave. Blocks are self-explanatory except for blocks 27, 28, and 33. (1) Advance Leave (Block 27). If the requested leave exceeds the current balance but does not exceed the balance to ETS, the leave is advance leave. Complete Blocks 26-27 and forward the form (all parts) to the unit commander for approval. If a member requesting leave has a cumulative advance balance of 30 days, comply with AFR 35-9. (2) Excess Leave (Block 28). If the requested leave exceeds the balance to ETS, the leave is excess leave. Complete Blocks 26 and 28 and forward the form (all parts) to the unit commander for approval. (3) Authority for Advance Leave Over 30 Days (Block 33). Record message date/time group if approval was received by message.						
3. AFTER INITIALLY COMPLETING THIS FORM: a. Separate Part I immediately after getting a leave authorization number and signing the form, forward to the AFO using normal distribution unless the leave is terminal/separation or involves excess or advance leave, forward these requests (all parts) to the unit for approval. b. Separate Part II and give to member. c. Hold Part III for completion after the member's return from leave. If member requests cancellation before any leave is taken, complete Section III of Part III and forward to your unit commander.						
4. INSTRUCTIONS FOR COMPLETING AND PROCESSING PART III ARE PRINTED ON PART III. 5. GUIDELINES FOR CHARGING LEAVE AND INSTRUCTIONS FOR LEAVE ADJUSTMENTS ARE PRINTED ON PART III.						
AF IMT 988, 19910901, V4		PREVIOUS EDITION WILL BE USED.			PART I - AFO COPY	

**Appendix K**  
**OPM Form 71, Request for Leave or Approved Absence (Technician)**

Request for Leave or Approved Absence					
1. Name (Last, first, middle)			2. Employee or Social Security Number		
3. Organization					
4. Type of Leave/Absence					5. Family and Medical Leave
Check appropriate box(es) and enter date and time below)	Date		Time		If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:  <input type="checkbox"/> I hereby invoke my entitlement to family and medical leave for: <input type="checkbox"/> Birth/Adoption/Foster care <input type="checkbox"/> Serious health condition of spouse, son, daughter, or parent <input type="checkbox"/> Serious health condition of self  <i>Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.</i>
	From	To	From	To	
<input type="checkbox"/> Accrued annual leave					
<input type="checkbox"/> Restored annual leave					
<input type="checkbox"/> Advance annual leave					
<input type="checkbox"/> Accrued sick leave					
<input type="checkbox"/> Advance sick leave					
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other					
<input type="checkbox"/> Compensatory time off					
<input type="checkbox"/> Other paid absence (specify in remarks)					
<input type="checkbox"/> Leave without pay					
6. Remarks					
7. <b>Certification:</b> I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.					
7a. Employee signature			7b. Date signed		
8a. Official action on request <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)					
8b. Reason for disapproval					
8c. Signature			8d. Date signed		
<b>Privacy Act Statement</b> Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.  Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.					

# Appendix L

## Form W-9, Request for Taxpayer Identification Number Certification

<p><b>Form W-9</b> (Rev. October 2007) Department of the Treasury Internal Revenue Service</p>	<p><b>Request for Taxpayer Identification Number and Certification</b></p>	<p>Give form to the requester. Do not send to the IRS.</p>
<p>Print or type See Specific Instructions on page 2.</p>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <b>501(c)(3)</b> <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		
<b>Part I Taxpayer Identification Number (TIN)</b>		
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.		
		Social security number ..... ..... ..... or Employer identification number ..... ..... .....
<b>Part II Certification</b>		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).		
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.		
<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
<b>General Instructions</b>		
Section references are to the Internal Revenue Code unless otherwise noted.		
<b>Purpose of Form</b>		
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.		
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:		
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.		
<b>Note.</b> If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.		
<b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are:		
<ul style="list-style-type: none"> <li>• An individual who is a U.S. citizen or U.S. resident alien,</li> <li>• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,</li> <li>• An estate (other than a foreign estate), or</li> <li>• A domestic trust (as defined in Regulations section 301.7701-7).</li> </ul>		
<b>Special rules for partnerships.</b> Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.		
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:		
<ul style="list-style-type: none"> <li>• The U.S. owner of a disregarded entity and not the entity,</li> </ul>		

**Appendix M**  
**CTMD Appointment Order**

**STATE OF CONNECTICUT**  
**MILITARY DEPARTMENT**  
**ORGANIZED MILITIA**  
**OFFICE OF THE ADJUTANT GENERAL**  
**360 BROAD STREET**  
**HARTFORD, CONNECTICUT 06105-3706**

PERMANENT ORDER 2010-1-1

1 January 2010

Branford D. Connecticut  
23 Shelton Avenue  
Bristol, CT 06010  
PEBD: 19900101

444-55-6666  
EID: 925547  
SFC (E7)  
CTSGR

**YOU ARE REAPPOINTED TO THE CONNECTICUT STATE GUARD RESERVE (CTSGR) FOR THE PERIOD INDICATED.**

Dates of Appointment: 1 January 2010 through 31 December 2014  
Purpose of Duty: Military Funeral Honors

Accounting Classifications: (Pay & Allowances authorized IAW CGS Sec 27-76)

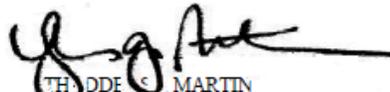
<u>Dept</u>	<u>Fund</u>	<u>SID</u>	<u>Program</u>
36370	11000	12144	26005

You are hereby authorized to participate in a Military Funeral Honors Squad when requested by the commander of any accredited veteran organization or by friends or relatives of any deceased person who has served in any of the armed forces of the United States during time of war, as defined by section 27-103, or who has served in the National Guard for more than twenty years or who has died while a member of the National Guard. You are entitled compensation at the rate of fifty dollars per day. Such compensation shall be paid from funds appropriated to the Adjutant General for the pay of the National Guard and from federal funds received for that purpose.

BY THE ORDER OF THE GOVERNOR

OFFICIAL:

  
RUSSELL J. BONACCORSO JR.  
Military Administrative Officer

  
TH. DDE MARTIN  
Major General  
The Adjutant General

DISTRIBUTION:

OTAG-CT  
AAG, Army  
FAM  
CFAS  
JDOMS  
MILPO  
DDR  
HIST  
Individual

## **Appendix N**

### **VSO and Organized Militia Annex**

#### **1. Authorized Provider Partnership Program (AP3)**

a. VSOs and Organized Militia members who wish to participate in the state Honor Guard as defined in CGS Sec 27-76 are required to be certified under the AP3 program and to be annually recertified. Failure to maintain this certification may disqualify individuals and organizations from participation in the Honor Guard program. Upon completion of AP3 training, VSOs and Organized Militia members will be given a certificate of completion and administered Oath Enlistment Reserve Armed Forces of the State of Connecticut (Appendix O).

b. Effective 1 October 2004, local commanders will establish an ongoing liaison and formal agreements with other authorized providers who are willing to participate in providing MFH. Other authorized providers include VSOs and other appropriate individuals and organizations which support the rendering of MFH IAW DoD Instruction 1300.15, Military Funeral Support.

c. The authorized provider will be trained as a provider by local commanders prior to his or her use in a funeral detail to ensure a professional, dignified, and coordinated delivery of MFH IAW ceremony, standards, and procedures established by the Army. The commander shall make continuous training available to authorized providers according to FM 3-21.5 for MFH for the basic ceremony and IAW procedure established by the Army for any additional ceremonial elements.

d. Upon completion of training, the commander may give advance approval to these providers for the reimbursement of their reasonable expenses related to the delivery of funeral honors. Further, they may provide honor guard equipment and access to military clothing sales stores for appropriate uniforms, decorations, and insignia IAW legislative and DoD policy. Local commanders may use their authority to determine appropriateness of requests for support from authorized providers.

e. The trained provider will be recognized with documentation that may take the form of a certificate or other appropriate record.

f. The recognized provider may be used as an additional team member and complement a MFH detail by rendering additional elements of honors such as firing party, pallbearers, bugler, or color guard. The provider will be considered a Government employee for the purposes of liability and workers compensation when augmenting as Armed Forces MFH detail IAW 10 USC 1588. A uniformed Army officer or NCO will always be in charge of the detail and act as the Army representative.

g. The commander must document the recognition of an individual authorized provider. Recognition as an authorized provider is Service-specific. A prospective authorized provider must secure the same status from each military service that he or she desires to participate with unless there is an agreement between Services to accept the other's recognition.

#### **2. Membership on CTSGR:**

a. Participating VSOs and Organized Militia members will be appointed into the CTSGR.

b. All participants must submit a CTSGR Membership Application (Appendix P). All submissions will be accompanied with the following documents:

- (1) Federal Form W-4, Employee's Withholding Allowance Certificate.
- (2) CT-W4, State of Connecticut Employee's Withholding Certificate
- (3) Proof of Rank Documentation. One of the following will be submitted.

(a) VSOs will submit a DD Form 214 or Honorable Discharge listing veterans' last recognized federal rank.

(b) Organized Militia members will submit a letter from the post commander stating they are a member in good standing. Good standing is defined as members that do not have more than three (3) unexcused absences in a years' time and attend the Annual Training period for that Organized Militia unit or a reasonable substitution as deemed by post commander.

c. CTSGR will be assigned an Employee Identification Number (EID) for pay purposes.

d. Each CTSGR will be required to sign and swear an Oath of Enlistment Reserve Armed Forces of the State of Connecticut (Appendix O). The oath states that each CTSGR member will discharge their duties in a professional manner. CTSGR members are representatives of the State of Connecticut, subject to the Connecticut Code of Military Justice, and are expected and required to perform their duties in a military manner. Failure to do so is cause for suspension dismissal or both. CTSGR members accept the duty of performing under the same code of conduct as MFH Soldiers (See Appendix D)

**Appendix O:  
CTSGR Oath of Enlistment**

**OATH OF ENLISTMENT  
RESERVE  
ARMED FORCES OF THE STATE OF CONNECTICUT**

I \_\_\_\_\_ solemnly swear (or affirm, as the case may be) that I will faithfully discharge my duties as a reserve member of the armed forces of the State of Connecticut, and that I will obey the orders of the Governor of Connecticut and the orders of the officers and personnel appointed over me, according to law, the Connecticut Code of Military Justice, regulations, military customs and courtesies. So help me God.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name: (Last, First, Middle)

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Unit

\_\_\_\_\_  
Unit Address

**Appendix P**  
**CTSGR Application for Appointment**

**STATE OF CONNECTICUT  
MILITARY DEPARTMENT  
ORGANIZED MILITIA  
OFFICE OF THE ADJUTANT GENERAL  
NATIONAL GUARD ARMORY, HARTFORD, CT 06105-3706**

CTMD-HC

Date: \_\_\_\_\_

MEMORANDUM FOR: The Adjutant General, State of Connecticut  
ATTN: CTMD-HC (Historical)  
360 Broad Street  
Hartford, CT 06105-3706

SUBJECT: Application for Appointment Into Connecticut State Guard Reserve (CTSGR)

1. I, \_\_\_\_\_  
(Full Name, Include Middle Initial)

\_\_\_\_\_  
Street Address; include Appt #, P.O. Box, etc.)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number(s); include Area Code)

\_\_\_\_\_  
(Last Military Pay Grade Held in the Service i.e. Enlisted E3, E5, E7-Officer O2, O3, O5)

\_\_\_\_\_  
(Date Entered Service / Date of Discharge; include copy of DD Form 214 and/or NGB Form 22)

Do hereby apply for appointment into the Connecticut State Guard Reserve (CTSGR) for the purpose of participating in approved funeral squads.

2. I, \_\_\_\_\_  
(Commander/Adjutant/Secretary of Post, home, chapter, etc.)

do hereby verify that the above named applicant is a bona-fide member of this organization and is approved for application into the CTSGR for the purpose of participating in military funeral squad duty.

SIGNED:

3. I, \_\_\_\_\_  
(CTNG Certifying/Training Officer)

do hereby certify that the above named individual has passed all training requirements for participation in military funeral squad duty.

SIGNED:

**Appendix Q**  
**CTSGR Certificate of Service**

