

991-0085 B

**VERIFICATION OF SERVICE, PAY & ALLOWANCES  
LEAVE OF ABSENCE FOR OPERATION ENDURING FREEDOM MILITARY DUTY**

EMPLOYEE NAME-LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER	PERSONNEL AREA: COST CENTER: ORG UNIT:
NAME OF MILITARY ORGANIZATION	RANK OR PAY GRADE	INCLUSIVE DATES FROM TO
DAILY MILITARY PAY (Excludes allowances for travel, uniforms, quarters and subsistence)		PER DAY
	1. BASE PAY	\$
	2. PROFICIENCY PAY	\$
	3. OTHER - specify (Imminent danger, Family Separation, etc.)	\$
	TOTAL DAILY PAY	
REMARKS		
COMMANDING OR FINANCE OFFICER: I hereby certify that Military Information above is correct.		DATE SIGNED
EMPLOYEE'S SIGNATURE ACCEPTED		DATE ACCEPTED

**NOTE: SEND COPIES OF YOUR GOVERNMENT PAY STATEMENTS AS YOU RECEIVE THEM TO PAYROLL SERVICES AT THE ADDRESS BELOW:**

RETURN COMPLETED, SIGNED FORM TO:

**U.S. PAYROLL SERVICES**  
EXXONMOBIL CORPORATION  
P.O. BOX 3187  
HOUSTON, TEXAS 77253-3187