

United States  
**Office of Personnel Management**  
 Retirement Operations Center  
 Boyers, Pennsylvania 16017

## Estimated Earnings During Military Service

**Instructions:** Use a separate RI 20-97 for each branch of service. Attach DD 214 or the equivalent and any available records of pay or promotions. The pay center cannot provide estimated earnings without verification of service. The requester must complete blocks 1 through 10 and block 19. Pay center addresses are on the reverse.

1. Name <i>(Last, first, middle)</i>	
2. Other names used	
3. Social Security Number	4. Date
5. All military service numbers	
6. Branch of service	

The uniformed services must provide Federal employees' estimated basic pay for military service they performed after December 31, 1956. This is needed to make a deposit to the Civil Service Retirement and Disability Fund for retirement credit. Please provide the estimated basic pay earned by the person named above.

7. Signature of requester				8. Relationship to person named <input type="checkbox"/> Person named is requester <input type="checkbox"/> Survivor <input type="checkbox"/> Other <i>(specify)</i> : _____			9. Date	
10. Active military service after December 31, 1956 <i>(Dates indicated below must be based on DD 214 or equivalent certification.)</i>		11. Authorized Official of Retired Pay Center completes blocks 11 through 18.						
		<b>Estimated Earnings (Base Pay)</b> Do not provide estimated earnings for any period of service prior to January 1, 1957.						
From <i>(mm/dd/yyyy)</i>	To <i>(mm/dd/yyyy)</i>	From <i>(mm/dd/yyyy)</i>	To <i>(mm/dd/yyyy)</i>	Rate of Basic Pay	Earnings	Type of Discharge		
12. If period of service began before and ended after December 31, 1956, enter date service actually began. <i>(mm/dd/yyyy)</i>		13. Lost time <input type="checkbox"/> None <input type="checkbox"/> Number of days _____ <input type="checkbox"/> Inclusive dates						
		From <i>(mm/dd/yyyy)</i>	To <i>(mm/dd/yyyy)</i>	From <i>(mm/dd/yyyy)</i>	To <i>(mm/dd/yyyy)</i>			
14. Signature of authorized official furnishing estimate				15. Date		16. Telephone number <i>(including area code)</i> (    )		
17. Typed name of authorized official				18. Title of authorized official				

**19. Requester's name and address (Return this completed form to address below)**

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Send the request for Estimated Earnings During Military Service to the appropriate address shown below.

**Army**

DFAS-Indianapolis Center  
ATTN: DFAS-IN-FJESR  
8899 East 56th Street  
Indianapolis, IN 46249-0875

Phone (317) 510-0454  
Fax (317) 510-7563

**Navy**

Director  
DFAS-Cleveland Center  
ATTN: DFAS-CL/FMCS  
1240 East 9th Street  
Cleveland, OH 44199-2055

Phone (216) 522-6545  
Fax (216) 522-6924

**Air Force**

DFAS-Denver Center  
ATTN: DFAS-DE/FJY  
6760 East Irvington Place  
Denver, CO 80279-3000

Phone (303) 676-7408  
Fax (303) 676-6218

**Marine Corps**

DFAS-Kansas City Center  
ATTN: DFAS-KC/FBL  
1500 East 95th Street  
Kansas City, MO 64197-0001

Phone (816) 926-7652  
Fax (816) 926-7648

**Coast Guard**

Commanding Officer (SES)  
Coast Guard Human Resources & Service Information Center  
444 SE Quincy Street  
Topeka, KS 66683-3591

Phone (785) 339-3600  
Fax (785) 339-3784

**Public Health  
Service**

Public Health Service  
Division of Commissioned Personnel  
Compensation Branch  
Parklawn Building, Room 4-50  
5600 Fisher's Lane  
Rockville, MD 20857

Phone (301) 594-2963  
Fax (301) 594-2711

**National Oceanic  
and Atmospheric  
Administration**

National Oceanic and Atmospheric Administration  
Department of Commerce  
Commissioned Personnel Center  
1315 East West Highway, Room 12100  
Silver Spring, MD 20910-3282

Phone (301) 713-3444