



DEPARTMENT OF THE NAVY
PERSONNEL SUPPORT DETACHMENT, LITTLE CREEK
1155 NIDER BLVD
VIRGINIA BEACH, VA 23459-2732

PERSUPPDETLCKRINST 7220.31B
N14
14 May 12

PERSUPPDET LITTLE CREEK INSTRUCTION 7220.31B

From: Officer in Charge, Personnel Support Detachment Little Creek

Subj: AUTHORIZED SIGNATURES ON DOCUMENTS AFFECTING MILITARY PAY AND APPROVAL OF SPECIAL PAY

Ref: (a) DODFMR Volume 5, Chapter 33

Encl: (1) Sample of Completed DD Form 577 (Feb 2011)

1. Purpose. To advise all commands receiving disbursing services from Personnel Support Detachment Little Creek, of the requirement to submit a DD Form 577 (Feb 2011) with sample authenticating signatures for military pay documents; and when appropriate, designation of an official authorized to approve special pay requests. This instruction also promulgates a continuing requirement to keep signatures updated as changes occur.

2. Cancellation. PERSUPPDETLCKRINST 7220.31A

3. Background. Documents affecting changes in military pay or requests for special pay must have proper authenticating signatures from verifying or certifying officials to ensure the validity of the transaction.

4. Action

a. Pay Documents Other than Special Pay. To comply with reference (a), Personnel Support Detachment Little Creek must be notified in writing of all personnel designated by the Commanding Officer to sign pay authorizing documents. The Commanding Officer should forward the original DD Form 577 (Feb 2011) for each appointed individual, to the Personnel Support Detachment Little Creek Senior Deputy Disbursing Officer. The appointment shall specify the extent of the authority to certify, and state how certifications are to be made.

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b. Special Pay. In accordance with reference (a), the Commanding Officer may delegate authority to approve requests for special pay.

c. Format for Submission. Enclosure (1) provides a sample DD Form 577 (Feb 2011).

d. Verification. A quarterly verification of authorized signatures will be conducted by the Personnel Support Detachment Little Creek Senior Deputy Disbursing Officer.

5. Forms Availability. Original forms can be obtained from the DoD Forms Program website at <http://www.dtic.mil/whs/directives/infomgt/forms/index.htm>

6. Review Responsibility. The Senior Deputy Disbursing Officer is responsible for the review and updating of this instruction.


J. L. MCNEAR

Distribution:
Electronic only

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE <i>(Read Privacy Act Statement and Instructions before completing form.)</i>		
PRIVACY ACT STATEMENT		
<p>AUTHORITY: E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5. PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds. ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C Section 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register. DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.</p>		
SECTION I - FROM: APPOINTING AUTHORITY		
1. NAME <i>(First, Middle Initial, Last)</i> Captain, John Q.	2. TITLE Commanding Officer	3. DOD COMPONENT/ORGANIZATION USN/"Name of Command"
4. DATE (YYYYMMDD) 20120508	5. SIGNATURE	
SECTION II - TO: APPOINTEE		
6. NAME <i>(First, Middle Initial, Last)</i> Sailor, John Q.	7. SSN 123-45-6789	8. TITLE Administrative Officer (for example)
9. DOD COMPONENT/ORGANIZATION USN/"Name of Command"	10. ADDRESS <i>(Include ZIP Code)</i> mailing address of command	
11. TELEPHONE NUMBER <i>(Include Area Code)</i> ph # for appointee	12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD) 20120508	
13. POSITION TO WHICH APPOINTED <i>(X as applicable (one only))</i>		
<input type="checkbox"/> DISBURSING OFFICER	<input type="checkbox"/> DEPUTY DISBURSING OFFICER	<input type="checkbox"/> DISBURSING AGENT
<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> CASHIER	<input type="checkbox"/> COLLECTION AGENT
<input type="checkbox"/> CHANGE FUND CUSTODIAN	<input type="checkbox"/> IMPREST FUND CASHIER	<input checked="" type="checkbox"/> CERTIFYING OFFICER
<input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL		
14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE: Authorization of requests for military pay and allowances Authorizing official for travel claims including but not limited to DD1351, SF-1164 *The above are just examples. A person can be appointed to either one of these duties or both.		
15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED: DODFMR Volumes 5 and 7a, JFTR, MILPERSMAN, all pertinent Navy and DOD instructions		
SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT		
I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in item 17 below.		
16. PRINTED NAME <i>(First, Middle Initial, Last)</i> Sailor, John Q.	17. SIGNATURE	
SECTION IV - TERMINATION OF APPOINTMENT		
The appointment of the individual named above is hereby revoked.		18. DATE (YYYYMMDD)
20. NAME OF APPOINTING AUTHORITY NOT USED UNTIL APPOINTMENT IS		19. APPOINTEE INITIALS
21. TITLE TERMINATED	22. SIGNATURE	