20-Mar-24

From: RANK FIRST MI LAST, USN, 13XX

**PERS-435 Use Only:**

\_\_ Orders/Billet Valid

\_\_ UPCHIT Valid

\_\_ PRSN Comments

\_\_ FY Tracker

\_\_ Shared Drive

CS \_\_\_ at $ \_\_\_\_\_\_/mo

DWOWS # \_\_\_\_\_\_\_\_\_\_

Submitted \_\_\_\_\_\_\_\_\_\_

To: Commander, Navy Personnel Command (PERS-435)

SUBJ: REQUEST TO START Conditional AvIP

Ref: (a) DoD Financial Management Regulation Volume 7A Chapter 22

 (b) OPNAVINST 7220.18

 (c) www.MyNavyHR.navy.mil/ Career-Management/Detailing/Officer/Pers-43-

 Aviation/OCM/Monthly-Flight-Pay/

.

Encl: (1) DD FORM 2992 (Medical Recommendation for Flying, “Upchit”)

 (2) ADOS / Mobilization Orders (SELRES Only)

 (3) PERS-911 Aviation Service Info (SELRES Only)

 (4) CNAF Approval for Flying on DIFDEN Orders (CVN CO Only)

1. I am currently occupying a DIFOPS billet on DIFOPS orders/

 am currently activated or mobilized to Flight Orders (SELRES ONLY)/
 have received a CNAF approval waiver to fly on my DIFDEN orders (CVN CO ONLY).

I have reviewed the provisions of references (a) though (c). Please start my conditional

Aviation Incentive Pay (AvIP) in accordance with refs (a) and (b) effective DAY-MON-YEAR.

2. (Initial) I acknowledge that it is my responsibility to:

\_\_\_\_\_\_a. **Fly 24 hours every 6 consecutive months, or 4 hours every month** that I am paid conditional AvIP, and I understand that there is no pro-rating for partial completion of these requirements. The first 4 hours of any month will be fixed to that subject month and any “excess” hours may only be shared across a consecutive six month period.

\_\_\_\_\_\_b. **Submit a** **flight hour verification letter (signed by me) at the end of each fiscal year** (or portion thereof) to PERS-435 for all periods during which I have received conditional AvIP. This includes the current fiscal year. Templates are available at reference (c). I will not submit any flight log or NAVFLIR documentation.

\_\_\_\_\_\_c. Submit to my command any supporting documentation, instructional guidance, flight logs, NAVFLIRs, DoD waivers, etc. as they may require to endorse my verification letter. I will not provide these additional documents to PERS-435 and I understand PERS-435 cannot grant policy exemptions, but will validate exemptions IAW policy. I understand that my CO or ISIC may only authorize exemptions in accordance with refs (a) and (b).

\_\_\_\_\_\_d. **Submit a** **command endorsement** **(signed by my CO or ISIC)** **at the end of each fiscal year** (or portion thereof) during which I have received conditional AvIP to PERS-435. This includes the current fiscal year. Templates are available at reference (c). I understand that endorsed exemptions that are not IAW policy will not be applied and a recoupment may occur for the periods specified.

\_\_\_\_\_\_e. **Submit a** **flight hour verification letter** **(signed by me)** and **command endorsement (signed by my CO or ISIC) when I complete this tour if not aligned with the completion of the fiscal year**, regardless of follow-on DIFOPS orders, demobilization, terminal leave/pending separation, or terminal leave/pending retirement. I will keep PERS-435 informed of changes in my status to prevent overpayments and minimize the risk of AvIP recoupment.

\_\_\_\_\_\_f. **Submit my fiscal year documents between 1-Oct and 31-Dec** **to PERS-435 following the end of any given FY.** I acknowledge that any months that I am paid conditional AvIP but do not meet minimum flight requirements are subject to recoupment. I acknowledge that failure to submit flight hour verification for any fiscal year (or portion thereof) during which I received conditional AvIP, will result in forfeiture of that fiscal year’s AvIP entitlement if not submitted to PERS-435 by 31 December.

3. I certify that I have logged at least 4.0 flight hours of crew time (pilot, copilot, and/or special crew time… passenger flying does not count for incentive pay purposes) since reporting to my current command (and/or) my 12/18/22/25 years of aviation service (YAS) date. Those monthly totals are as follows:

 List your total flight hours (aircraft and simulator combined) as logged by the pilot-in-command, standard is hours/tenths of hours. **If you just completed a longevity program or failed a gate**: we need only your hours from that month (from the 1st) forward if you have already achieved 4hrs flight hours since that longevity rollover/flight gate. If you have not yet completed those hours since the longevity program/flight gate, please list the first previous month that has this minimum. Please do not list your entire tour unless you are time-late in submitting your start request from the date you are requesting to begin the entitlement.
**Format: MON-YEAR: FLIGHT HOURS**

4. My preferred contact information for AvIP-related business is: email address / phone.

 First Name MI Last Name & Signature above

 COMMAND