11-Jun-25

From: RANK FIRST MI LAST, USN, Designator

**PERS-435 Use Only:**

\_\_ FHV Continuity

\_\_ PRSN Comments

\_\_ Av. Status Edit

\_\_ FY Tracker

\_\_ Shared Drive

\_\_ Waiver No.

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

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

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

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

Via: Commanding Officer/Commander/ISIC, etc., Unit Name

SUBJ: CONDITIONAL AVIP FLIGHT HOUR VERIFICATION FOR FYXX

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

 (b) OPNAVINST 7220.18

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Encl: (1) Command Endorsement

1. I have read and understand the provisions of references (a) and (b) regarding reporting flight hours and payment of Conditional Aviation Incentive Pay (AvIP). Per reference (b), I submit the following flight hours for program verification of the minimum flight hour requirements to retain my Conditional AvIP for the past Fiscal Year (as applies to my received earnings only).

*The Fiscal year (YR) will overlap two different Calendar years (CY); please ensure these are sync’d appropriately prior to submission. You are only responsible for completing the requirements in the months you were receiving Conditional AvIP. Pilots/NFOs: If you transitioned from a longevity status (continuous to conditional AvIP) please include the hours prior to that anniversary so we can credit excess hours forward if needed (still limited by the 6 consecutive month rule). You are only fiscally responsible for the hours of your Conditional AvIP status.*

2. I have previously submitted Flight Hour Verification Letters to PERS-435 for the following Fiscal Years:
FYXX, FYXX, etc. (Please list prior seasons to aid in audit continuity for your record or annotate “First FHV”).

3. This Fiscal Year’s Hours are as follows and I validate that I am/was on DIFOPS orders for the period reported here:

|  |  |  |  |
| --- | --- | --- | --- |
| *Last six months of previous* *FY in italics (required for* *continuity purposes)* |  | October | 0.0 |
|  | November | 0.0 |
| CY20XX | December | 0.0 |
|  |  | CY20XX | January | 0.0 |
|  |  |  | February | 0.0 |
| *CY 20XX* |  |  | March | 0.0 |
| *April* | *0.0* |  | April | 0.0 |
| *May* | *0.0* |  | May | 0.0 |
| *June* | *0.0* |  | June | 0.0 |
| *July* | *0.0* |  | July | 0.0 |
| *August* | *0.0* |  | August | 0.0 |
| *September* | *0.0* |  | September | 0.0 |

4. (Please only enter one statement, as applicable to your status).

*(If you’re still in the DIFOPS Orders that created the above hours)* I checked into my current DIFOPS orders on (Day-Month-Year) and my PRD is (Month-Year).
*(If you’re reporting after-the-fact)* I checked out of my DIFOPS orders on (Day-Month-Year) and am now on DIFDEN orders.

(*If you’re reporting DIFOPS-to-DIFOPS tours).* I was on DIFOPS orders at (Command) until my checkout on (Day-Month-year) and I reported to DIFOPS orders at (Command) on (Day-Month-Year) with a PRD of (Month-Year).

6. Additional Amplifying Information: *This is where to add or reiterate that this is a STOP Request/Final Flight Hour Report for your current orders (because you are….separating, retiring, proceeding to DIFDEN orders, etc.), that you are requesting a temporary suspension due to Medical, PCS, or other concerns (generic “Medical” is sufficient explanation), that this is your report between DIFOPS commands, or this is a Flight Hour Memo following a longevity (continuous AvIP) program transition at 18, 18, 22, or 25 YAS. Please include dates where applicable & include if you are transitioning to Terminal Leave. Type “none” if n/a.*

7. Under penalty of the Uniformed Code of Military Justice (UCMJ), Article 107, False Official Statement, I affirm that the information provided herein is complete and accurate.

8. My preferred e-mail address for conducting AvIP related correspondence is XXXXXXXXXXXXX.

*NSIPS/NFAAS email needs to be updated if deploying or otherwise changing official email accounts. If providing a gmail address or other personal address as your primary POC, please also include your work address as a backup if still on AD.*

 First Name MI Last Name & Signature above