20-Mar-24

From: RANK FIRST MI LAST, USN, 21XX

**PERS-435 Use Only:**

\_\_ DIFOPS Orders

\_\_ UPCHIT Valid

\_\_ PRSN Comments

\_\_ Av. Status Edit

ASED \_\_\_\_\_\_\_\_\_\_

ASI \_\_\_\_

ASI Eff \_\_\_\_\_\_\_\_\_\_

\_\_ FY Tracker

\_\_ Shared Drive

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

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

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

SUBJ: REQUEST TO START Conditional AvIP- Aeromedical Officer

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/

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

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

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. (NEW AEOMED OFFICERS ONLY) **Fly the hours I need to cover any PCS/transition period between my first flight training entitlement and my report to my DIFOPS ultimate duty command.** PCS shall not be waived in accordance with reference (a) and a request to start my entitlement in conjunction with my first 4 training hours may be accompanied by an intrinsic delay before I begin routinely flying with my ultimate duty station. I am still beholden to the flight requirements of paragraph (a).

\_\_\_\_\_\_c. **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.

\_\_\_\_\_\_d. 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).

\_\_\_\_\_\_e. **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 for which this request is submitted. Templates are available at reference (c). I understand that endorsed exemptions that are not aligned with policy will not be applied and a recoupment may occur for the periods specified.

\_\_\_\_\_\_f. **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, terminal leave/pending separation, terminal leave/pending retirement, or other situation that may apply to me. I will keep PERS-435 informed of changes in my status to prevent overpayments and minimize the risk of AvIP recoupment.

\_\_\_\_\_\_g. **Complete my flight requirements and route my command endorsement request in a timely manner when I am ready to secure my Conditional AvIP.** I acknowledge that this is an independent “Start request” but that there is no separate “Stop Request;” the Flight Hour Verification and Command Endorsement is the only submission that can finalize a stop or suspension of my payments with PERS-435.

\_\_\_\_\_\_h. **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. Those monthly totals are as follows:

List your total flight hours (aircraft only, simulator time is not authorized for conditional AvIP for AEROMED officers) as logged by the pilot-in-command, standard is hours/tenths of hours. If you are requesting conditional AvIP from the start of a DIFOPS tour, please list hours from that gain through the present date. **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