

SPECIAL DUTY ASSIGNMENT PAY ANNUAL RECERTIFICATION LETTER

1160
Ser /
Date

From: Commanding Officer (or CO equivalent), (Command Name)

To: Director, Military Community Management (BUPERS-3)

Subj: ANNUAL RECERTIFICATION OF SPECIAL DUTY ASSIGNMENT PAY

Ref: (a) NAVADMIN (number)

(b) OPNAVINST 1160.6 (series)

(c) MyNavy HR SDAP website

Encl: (1) BBD SDAP Report

1. As stated in references (a) through (c), I certify that all actions required to start, stop or increase special duty assignment pay has been processed via Transaction Service Center (TSC) prior to submission of enclosure (1) and all Sailors at this command are receiving the correct special duty assignment pay entitlement.

COMMANDING OFFICER'S NAME
(Acting CO authorized)