

# Reserve Center of Excellence (RCOE) Brief



**For  
CNRFC**



- Annual Training (AT)/ Active Duty for Training (ADT) Areas of Responsibility (AOR)
- AT/ADT DJMS-RC Key Terms
- Process flow of AT/ADT:
  - Combat Zone Tax Exclusion (CZTE) with KSDs and DJMS-RC Update Schedule
  - OCONUS Cost of Living Allowance (COLA ) with KSDs
  - Overseas Housing Allowance (OHA ) with KSDs
- AT/ADT Best Practices
- NESD Trouble Ticket submission



AT/ADT pay and allowances processing, to include:

- CONUS/OCONUS AT/ADT orders
- Pay entitlements and allowances
- Special/Incentive Pay
- Leave processing (charge, correct, sell, or carry-over to reserve account)
- Issuance of DD 214 for:
  - ADT orders greater than 90 consecutive days
  - in support of contingency operations

# AT/ADT Key Terms



Key Term	Description
<b>Code 1</b>	Updates generate drill payments for all changes that are retroactive to the current run date (i.e., promotions, PEBD changes, etc.)
<b>Code 2</b>	Updates perform all Code 1 update processing. In addition, Code 2 updates generate mid-month payments for members on long tours (more than 30 days).
<b>Code 3</b>	Updates perform all Code 1 update processing. In addition, Code 3 updates generate end-of-month payments for members on long tours (more than 30 days)
<b>DTMO</b>	Defense Travel Management Office
<b>High Date</b>	The latest date in any coded update pay cycle.
<b>Immediate Access Storage (IAS)</b>	DJMS-RC maintains the current and 11 prior months of online history. This is referred to as Immediate Access Storage (IAS). DJMS-RC can process transactions for dates within IAS. DFAS-CL must pay or collect for dates outside IAS.
<b>Long Tour</b>	Orders 30 days or more
<b>Run Date</b>	Processing Date or cut-off (I.e. transaction must be submitted by this date to affect the upcoming pay date.
<b>Short Tour</b>	Orders less than 30 days



# AT/ADT COMBAT ZONE TAX EXCLUSION (CZTE)



Submit using eCRM (Salesforce)

- NPPSC 1571/1 checklist
- Endorsed AT/ADT orders
- Memo with letterhead from the Commanding Officer
  - \* If the memo is signed "by direction," a DD Form 577 must be on file for the individual who signed it.

# AT/ADT Combat Zone Tax Exclusion cont'd



CUI

DEPARTMENT OF THE NAVY  
FLEET LOGISTICS SUPPORT SQUADRON SIX FOUR  
3370 WONNACOTT AVENUE  
JOINT BASE MCGUIRE DIX LAKEHURST NJ 08641

7400  
Ser N00/110  
23 Apr 25


From: Commanding Officer, Fleet Logistics Support Squadron SIX FOUR  
To: Officer in Charge, Transaction Support Center Norfolk  
  
Subj: AUTHORITY TO RECEIVE COMBAT ZONE INCOME TAX EXCLUSION  
  
Ref: (a) DoD 7000.14-R - Volume 7A, Chapter 44  
  
Encl: (1) Defense Travel System Orders  
(2) Navy Reserve Order Writing System Orders

1. Per reference (a), enclosures (1) and (2), request the following personnel receive the entitlements of Combat Zone Income Tax Exclusion for the period indicated below:

Service Component	Rate/Rank	Name	SSN	Start Date	Stop Date	CZTE Area
SELRES	LT			21 Apr 25	21 Apr 25	Adriatic Sea

2. If you have any questions, please contact

and/or by e-mail:

  
R. S. ROLLON  
By direction

The CZTE memo must have the following successfully process in NSIPS:

details to

- Name
- Rate
- Rank
- Full SSN
- Start/Stop Date
  - SELRES could be on orders with a week in Bahrain and the next week stateside
  - System requires a stop date to be entered in NSIPS
- Location
  - A common location is Bahrain
  - Always refer to DoD FMR Vol. 7a, Chapter 44, Figure 44-2 for the CZTE table
- DD Form 577 if signed by direction

# AT/ADT Combat Zone Tax Exclusion cont'd



APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE <small>(Read Privacy Act Statement and Instructions before completing form.)</small>														
<b>PRIVACY ACT STATEMENT</b> <b>AUTHORITY:</b> E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5. <b>PRINCIPAL PURPOSE(S):</b> To maintain a record of appointment and termination of appointment of persons to any of the positions listed in Item 6, and to identify the duties associated with this appointment. <b>SORN T1300</b> ( <a href="http://dpclo.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx">http://dpclo.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx</a> ) <b>ROUTINE USE(S):</b> 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 Federal Reserve Banks to verify authority of the appointed individuals 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 at: <a href="http://dpclo.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx">http://dpclo.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx</a> <b>DISCLOSURE</b> Voluntary; however, failure to provide the requested information may preclude appointments.														
<b>SECTION I - APPOINTEE</b>														
1. NAME (First, Middle Initial, Last and Rank or Grade)	2. DoD ID NUMBER	3. TITLE												
4. DOD COMPONENT/ORGANIZATION														
5. ADDRESS (Include ZIP Code, email address, and telephone number with area code and DSN)														
6. POSITION TO WHICH APPOINTED (X appropriate box - one only. Checking more than one invalidates the appointment.) <table border="0"><tr><td><input type="checkbox"/> DISBURSING OFFICER: DSSN</td><td><input type="checkbox"/> CASHIER</td><td><input type="checkbox"/> CHANGE FUND CUSTODIAN</td></tr><tr><td><input type="checkbox"/> DEPUTY DISBURSING OFFICER: DSSN</td><td><input type="checkbox"/> PAYING AGENT</td><td><input type="checkbox"/> IMPREST FUND CASHIER</td></tr><tr><td><input type="checkbox"/> CERTIFYING OFFICER</td><td><input type="checkbox"/> COLLECTIONS AGENT</td><td><input type="checkbox"/> SAFEKEEPING CUSTODIAN</td></tr><tr><td><input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL</td><td><input type="checkbox"/> DISBURSING AGENT</td><td><input type="checkbox"/> ASSISTANT SAFEKEEPING CUSTODIAN</td></tr></table>			<input type="checkbox"/> DISBURSING OFFICER: DSSN	<input type="checkbox"/> CASHIER	<input type="checkbox"/> CHANGE FUND CUSTODIAN	<input type="checkbox"/> DEPUTY DISBURSING OFFICER: DSSN	<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> IMPREST FUND CASHIER	<input type="checkbox"/> CERTIFYING OFFICER	<input type="checkbox"/> COLLECTIONS AGENT	<input type="checkbox"/> SAFEKEEPING CUSTODIAN	<input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL	<input type="checkbox"/> DISBURSING AGENT	<input type="checkbox"/> ASSISTANT SAFEKEEPING CUSTODIAN
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<input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL	<input type="checkbox"/> DISBURSING AGENT	<input type="checkbox"/> ASSISTANT SAFEKEEPING CUSTODIAN												
7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE:														
8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:														
<b>SECTION II - APPOINTING AUTHORITY</b>														
9. NAME (First, Middle Initial, Last)	10. TITLE	11. DOD COMPONENT/ORGANIZATION												
12. DATE (YYYYMMDD)	13. SIGNATURE													
<b>SECTION III - APPOINTEE ACKNOWLEDGEMENT</b> 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 or payment certification, as appropriate, under my control. I have been counseled on my pecuniary liability applicable to this appointment and have been given written operating instructions. I certify that my official signature is shown in item 16 below.														
14. PRINTED NAME (First, Middle Initial, Last)	15. DATE (YYYYMMDD) (Not earlier than date in item 12 or 13)													
16.a. DIGITAL SIGNATURE	16.b. MANUAL SIGNATURE													
<b>SECTION IV - APPOINTMENT TERMINATION</b> The appointment of the individual named above is hereby revoked.														
17. DATE (YYYYMMDD)	18. APPOINTEE INITIALS													
19. NAME OF APPOINTING AUTHORITY	20. TITLE	21. APPOINTING AUTHORITY SIGNATURE												

DD FORM 577, NOV 2014

PREVIOUS EDITION IS OBSOLETE.

- The DD Form 577 is required if memo is signed by direction.
- The signature on the memo must match the signature format on the DD Form 577, i.e.:
  - A wet signature on the memo requires a wet signature on the DD Form 577
  - A digital signature on the memo requires a digital signature on the DD Form 577.
- The appointing authority's digital signature must be placed before the appointee's acknowledgement digital signature.

# DJMS-RC Update Schedule



## DJMS-RC Military Pay Advisory (MPA)

2.	RUN DATE	TYPE OF UPDATE	PAY DATE	HIGH DATES PAID
	28 MAR	CODE 1	04 APR	06 APR
	01 APR	CODE 1	09 APR	09 APR
	03 APR	CODE 1	11 APR	13 APR
	08 APR	CODE 2	15 APR	15 APR
	10 APR	CODE 1	18 APR	20 APR
	15 APR	CODE 1	23 APR	23 APR
	17 APR	CODE 1	25 APR	27 APR
	22 APR	CODE 3	01 MAY	30 APR
	25 APR	CODE 1	02 MAY	04 MAY
	29 APR	CODE 1	07 MAY	07 MAY
	01 MAY	CODE 1	09 MAY	11 MAY
	06 MAY	CODE 2	15 MAY	15 MAY
	08 MAY	CODE 1	16 MAY	18 MAY
	13 MAY	CODE 1	21 MAY	21 MAY
	15 MAY	CODE 1	23 MAY	25 MAY
	20 MAY	CODE 1	28 MAY	28 MAY
	22 MAY	CODE 3	30 MAY	31 MAY
	28 MAY	CODE 1	04 JUN	04 JUN
	30 MAY	CODE 1	06 JUN	08 JUN
	03 JUN	CODE 1	11 JUN	11 JUN
	05 JUN	CODE 2	13 JUN	15 JUN
	10 JUN	CODE 1	18 JUN	18 JUN
	12 JUN	CODE 1	20 JUN	22 JUN
	16 JUN	CODE 1	25 JUN	25 JUN
	18 JUN	CODE 1	27 JUN	29 JUN
	23 JUN	CODE 3	01 JUL	30 JUN

3. Input from field activities using Defense Milpay Office (DMO)  
BT

- CZTE transactions only post on Code 3 updates and pay on the first of the month.
- CZTE transactions for the current month will post under the following month's Code 3 update.
- If the SELRES is on a tour over 30 days (i.e. Bahrain) then the clerk will have to do this every month until the end of orders.



# AT/ADT OCONUS COST OF LIVING ALLOWANCE (OCONUS COLA)



Submit using eCRM (Salesforce)

- NPPSC 1571/1 checklist
- Endorsed AT/ADT orders

# AT/ADT OCONUS COLA Qualifications



- Short Tour (less than 31 days): To be eligible for overseas COLA, member must reside in the JTR Location, and the orders must state "MEMBER RESIDES LOCALLY NO PER DIEM." Examples:
  - Sailor is based in Alaska and does their AT locally - entitled to overseas COLA
  - Sailor is traveling from Alaska to California - NOT eligible for overseas COLA
    - Will receive PER DIEM instead
- Long Tour (over 30 days): The AT/ADT Overseas Clerk will be responsible for processing the Overseas COLA for every Code 2 and Code 3 until the end of the tour
- States to Overseas PCS orders are entitled to COLA at permanent duty station

## Examples:

- Member lives OCONUS with orders 31 days or more; automatically eligible for COLA
- HI to HI (local) short tour will receive COLA
- HI to San Diego short tour will NOT receive COLA



# AT/ADT OVERSEAS HOUSING ALLOWANCE (OHA)



Submit using eCRM (Salesforce)

- NPPSC 1571/1 checklist
- Endorsed AT/ADT orders
- DD Form 2367
- Lease/Mortgage
- Certificate of Non-Availability Letter (CNA)



CUI (when filled in)

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT <small>(Read Privacy Act Statement, Warning, and Instructions on reverse before completion)</small>			
PART A - SERVICE MEMBER IDENTIFICATION AND HOUSING INFORMATION			
1. NAME (Last, First, Middle Initial)		2. RESIDENCE ADDRESS (Street, Apt. No., City, Country)	
3. PAY GRADE	4. SOCIAL SECURITY NUMBER	5. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD)	
6. DUTY STATION OR HOMEPORT a. DUTY STATION NAME b. CITY c. COUNTRY d. DUTY TELEPHONE NO.		7. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (Select appropriate box) (See Instructions on reverse side if you pay rent 3 or more months in advance.) <input type="checkbox"/> a. LOCAL CURRENCY, Name of Currency: <input type="checkbox"/> b. U.S. DOLLARS	
9. ARE YOU ENTITLED TO AN OVERSEAS COST-OF-LIVING ALLOWANCE OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (Select one) <input type="checkbox"/> YES (Specify location) <input type="checkbox"/> NO OR NOT APPLICABLE		8. IS YOUR RESIDENCE LEASED OR OWNED? (Select appropriate box) ENTER THE MONTHLY RENT AMOUNT OR PURCHASE PRICE IN THE CURRENCY SELECTED ABOVE. <input type="checkbox"/> a. LEASED/RENTED Rent amount: <input type="checkbox"/> b. OWNED Purchase price (excluding closing costs, taxes, etc.):	
HOMEOWNERS, SKIP QUESTION 10 AND GO DIRECTLY TO QUESTION 11			
10. UTILITIES (Excluding telephone) (Select appropriate box) <input type="checkbox"/> a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. <input type="checkbox"/> b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD. <input type="checkbox"/> c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below indicating utilities/services of which your landlord provides the MAJORITY.) (1) ELECTRICITY (2) HEATING (3) AIR CONDITIONING (Select if window units are used and the landlord provides electricity) (4) WATER OR SEWER (5) TRASH DISPOSAL		11. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, SELECT THE APPROPRIATE BOX FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU SELECT, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by category c.) a. MYSELF 1 b. SPOUSE WHO IS ALSO A SERVICE MEMBER (Enter "1") c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number) d. OTHER SERVICE MEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number) e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number) TOTAL (11a through 11e) (If result exceeds "1", you are considered a "sharer") 1	
12. IF BOX 11.B. OR 11.D. IS MARKED, REPORT THEIR FULL NAME(S), SOCIAL SECURITY NUMBER(S) AND BRANCH OF SERVICE IN PART C "REMARKS" ON REVERSE.			
PART B - CERTIFICATIONS			
13. SERVICEMEMBER, I CERTIFY THAT: a. THE INFORMATION I HAVE REPORTED IS TRUE AND CORRECT. b. I WILL IMMEDIATELY INFORM MY COMMANDING OFFICER IF ANY CHANGES OCCUR TO THE INFORMATION I HAVE REPORTED. c. COPY OF MY HOUSING LEASE/RENTAL/SALE AGREEMENT (OR CERTIFICATION FROM LANDLORD) IS TRUE AND CORRECT, IF APPLICABLE. d. I HAVE READ THE OVERSEAS HOUSING ALLOWANCE BRIEFING SHEET PROVIDED BY MY COMMANDER OR AUTHORIZED REPRESENTATIVE, IF APPLICABLE. e. SIGNATURE f. DATE SIGNED (YYYYMMDD)		14. HOUSING OFFICER OR APPROPRIATE OFFICIAL, I HAVE REVIEWED AND VERIFIED THE MEMBER'S LEASE/RENTAL/SALE AGREEMENT AND INFORMATION FROM IT WAS PROPERLY REPORTED. a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (Select one) <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO IF YES, ENTITLEMENT IS: (a) INITIAL (b) SUBSEQUENT b. SIGNATURE c. DATE SIGNED (YYYYMMDD) d. TITLE	
15. CERTIFYING OFFICIAL, I HAVE REVIEWED THIS ACTION AND CERTIFY THE ENTITLEMENT. IF APPLICABLE TO THIS ACTION, MEMBER IS AWARE OF HIS/HER ENTITLEMENTS AND RESPONSIBILITY TO REPORT ANY CHANGES. a. HOUSING ALLOWANCE ACTION (Select one) <input type="checkbox"/> (1) START <input type="checkbox"/> (3) STOP <input type="checkbox"/> (5) CANCEL* <input type="checkbox"/> (2) CHANGE <input type="checkbox"/> (4) CORRECT <input type="checkbox"/> (6) REPORT* *FOR AIR FORCE USE ONLY b. MIHA/MISCELLANEOUS ENTITLEMENT (Select one) <input type="checkbox"/> (1) INITIAL <input type="checkbox"/> (2) SUBSEQUENT <input type="checkbox"/> (3) NONE c. EFFECTIVE DATE OF ACTION (YYYYMMDD) d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO e. SIGNATURE f. TITLE g. DATE SIGNED (YYYYMMDD)			

- The DD Form 2367 needs to be filled out entirely to process OHA for the member.
- The lease/mortgage must have an English copy attached along with foreign, if applicable.
- The Certificate of Non-Availability Letter (CNA) must be obtained by the housing office.
- OHA posts on Code 2/3 updates



- Learn common pay entitlements
- Communicate who is on orders on drill weekends (DWEs) to prevent erroneous drill processing
- Consolidate attachments in eCRM cases
- Submit in a timely manner
- Track cases in eCRM
- Manage expectations of SELRES (i.e. - when to expect payments)
  - Learn to read DJMS-RC
  - Be able to describe the DJMS-RC processing timeline
- Use MNCC and eCRM (feed tab) as a method to ask questions.

# NESD Trouble Ticket information



## NESD Trouble Ticket

- Duplicate (drills and AT/ADT at the same time)
  - Unable to cancel drills in EDM/NSIPS
  - Drill cancellation (indebtedness) not posting in DJMS-RC

## ? Help Desk

### Navy Enterprise Service Desk (NESD) Information.



Phone : 1-833-NESDNow (1-833-637-3669)



Email : [nesd@nesd-mail.onbmc.mil](mailto:nesd@nesd-mail.onbmc.mil)



NESD Portal: <https://nesd-dwp.onbmc.mil/dwp/app/#/itemprofile/12501>

# References:



- OPS ALERT  
<https://www.mynavyhr.navy.mil/Support-Services/MyNavy-Career-Center/Pers-Pay-Support/CPPA-Resources/PPIBS-MPAS/>
- Current Case Routing Guidance (CRG)  
<https://www.mynavyhr.navy.mil/Support-Services/MyNavy-Career-Center/Pers-Pay-Support/CPPA-Resources/eCRM-Library/>
- MyNavy HR:  
<https://www.mynavyhr.navy.mil/>
- Reserve Personnel Manual:  
    > [Resources](#) > [Official RESFOR Guidance](#) > [RESPERSMAN \(navy.mil\)](#)

