United States
Office of Personnel Management
Retirement Operations Center
Boyers, Pennsylvania 16017

Estimated Earnings During Military Service

Instructions: Use a separate RI 20-97 for each branch of service. Attach DD 214 or the equivalent and any available records of pay or promotions. The pay center cannot provide estimated earnings without verification of service. The requester must complete blocks 1 through 10 and block 19. Visit the Defense Finance and Accounting Service website for the address to send this form and request your earnings at: www.dfas.mil/civilianemployees/customerservice.

1. Name *(Last, first, middle)*	
2. Other names used	
3. Social Security Number	4. Date of birth *(mm/dd/yyyy)*
5. All military service numbers	
6. Branch of service	

The uniformed services must provide Federal employees' estimated basic pay for military service they performed after December 31, 1956. This is needed to make a deposit to the Civil Service Retirement and Disability Fund for retirement credit. Please provide the estimated basic pay earned by the person named above.

7. Signature of requester	8. Relationship to person named ☐ Person named is requester ☐ Survivor ☒ Other *(specify)*:	9. Date

10. Active military service after December 31, 1956 *(Dates indicated below must be based on DD 214 or equivalent certification.)*

11. Authorized Official of Retired Pay Center completes blocks 11 through 18.

Estimated Earnings (Base Pay)
Do not provide estimated earnings for any period of service prior to January 1, 1957.

From *(mm/dd/yyyy)*	To *(mm/dd/yyyy)*	From *(mm/dd/yyyy)*	To *(mm/dd/yyyy)*	Rate of Basic Pay	Earnings	Type of Discharge

12. If period of service began before and ended after December 31, 1956, enter date service actually began. *(mm/dd/yyyy)*

13. Lost time
☐ None ☐ Number of days _____
☐ Inclusive dates

From (mm/dd/yyyy)	To (mm/dd/yyyy)	From (mm/dd/yyyy)	To (mm/dd/yyyy)

14. Signature of authorized official furnishing estimate	15. Date	16. Telephone number *(including area code)* ( )
17. Typed name of authorized official	18. Title of authorized official	

19. Requester's name and address (Return this completed form to address below)

Print Form Save Form Clear Form