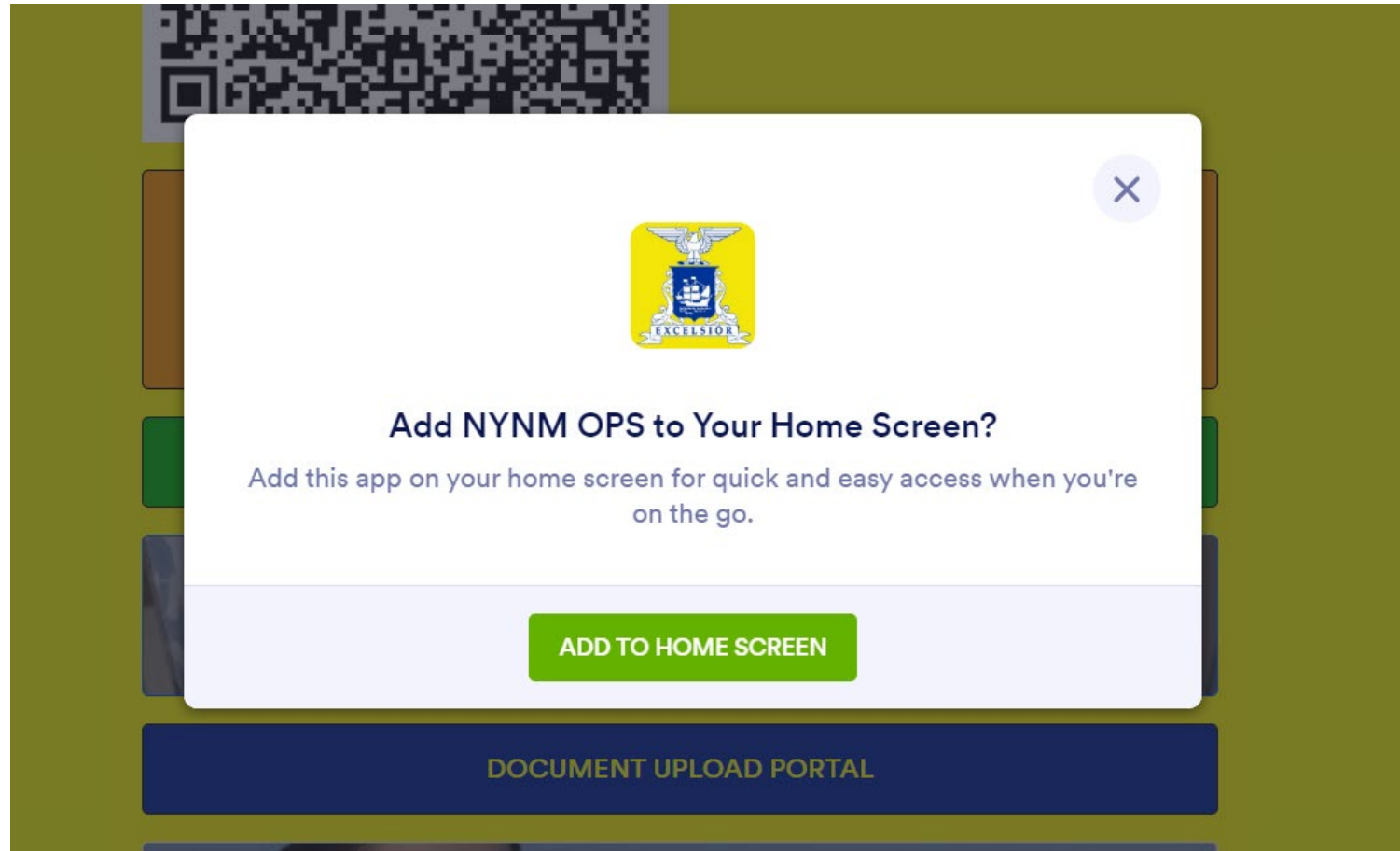


HOW TO REQUEST STATE ACTIVE DUTY ORDERS

<https://www.jotform.com/app/230136211310131>

**THE LINK ABOVE WILL TAKE YOU TO ALL NYNM
JOTFORM APPLICATIONS**

**YOU DO NOT NEED TO ADD THIS APP TO YOUR HOME SCREEN TO USE IT
IF YOU DO IT WILL BE QUICKER THE NEXT TIME YOU NEED TO REQUEST ORDERS**



SELECT STATE ACTIVE DUTY REQUEST TAB



The image shows a horizontal tabbed interface. The background is yellow. There are two tabs visible. The top tab is orange and is currently selected. The bottom tab is green and contains the text 'STATE ACTIVE DUTY REQUEST'. The text is centered within the green tab.

STATE ACTIVE DUTY REQUEST

CLICK START FILLING

STATE ACTIVE DUTY REQUEST

NEW YORK MILITARY MUSEUM
STATE Active Duty (Non-Pay)
AUTHORIZATION

IMPORTANT: FILLING IN THIS AUTHORIZATION IS SUBJECT TO PAYMENT.
The policy and procedures for this authorization are subject to the State Active Duty (SAD) policy and procedures.
This form may be used to request leave of absence.

I hereby request authorization for State Active Duty (non-pay status) for the below named individual.

Name: _____ Rank: _____
Duty Assignment: _____
Date: _____
Location: _____
Report to: _____
Purpose/Justification: _____

An employer letter is required: Yes No

Requesting Individual: _____
Signature: _____ Date: _____

Authorizing Individual: _____
Signature: _____ Date: _____

Form must be signed by a respective Commander, Deputy Commander, Chief of Staff, or Assistant Chief of Staff (ACSO).

NEW YORK MILITARY MUSEUM
1000 State Street, Albany, NY 12243
Phone: (518) 487-1234

START FILLING →

FILL IN ALL FIELDS

STATE ACTIVE DUTY REQUEST

NEW YORK NAVAL MILITIA (NYNM)

STATE ACTIVE DUTY REQUEST

The primary use of this form is to request and authorize NYNM member's participation in State Active Duty (SAD) pay or non-pay status. I hereby request authorization for State Active Duty for the below named individual.

Name *


First Name

Last Name

Email *


REPORT TIME DEFAULT IS 08:00. CHANGE AS NEEDED
LOCATION IS A PHYSICAL ADDRESS – “330 OLD NISKAYUNA RD, LATHAM, NY”
REPORT TO IS A PERSON, UNIT OR PLACE – “DMNA, NYNM HQ”
PURPOSE/JUSTIFICATION IS A MISSION OR EVENT – “LEADERSHIP MEETING”

Start Date of Requested Orders *

MM/DD/YYYY 

Date

End Date of Requested Orders

MM/DD/YYYY 

Date

Report Time

08:00

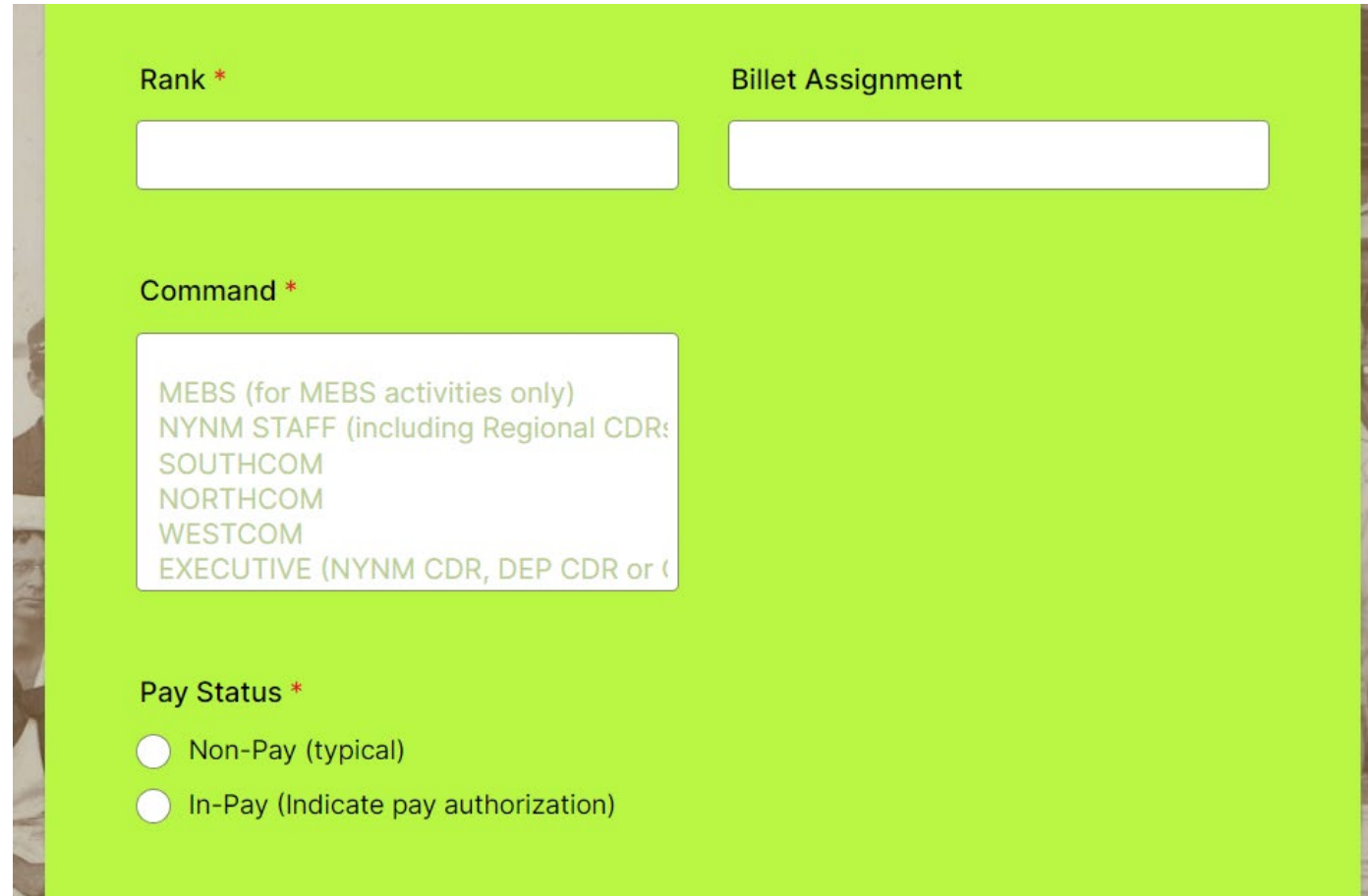
Hour Minutes

Location of Duty *

Report to *

Purpose/Justification *

LEAVE BILLET ASSIGNMENT BLANK IF IT DOES NOT PERTAIN TO THESE ORDERS
SELECT YOUR REGION FOR ALL ORDERS **UNLESS TOLD MEBS SPECIFIC BY MEBS CDR**
PAY CLOSE ATTENTION TO PAY STATUS! **IN-PAY REQUIRES PRE-APPROVAL**



Rank *

Billet Assignment

Command *

MEBS (for MEBS activities only)
NYNM STAFF (including Regional CDRs)
SOUTHCOM
NORTHCOM
WESTCOM
EXECUTIVE (NYNM CDR, DEP CDR or CDR)

Pay Status *

Non-Pay (typical)

In-Pay (Indicate pay authorization)

ADD ADDITIONAL COMMENTS YOU WOULD LIKE INCLUDED IN YOUR ORDERS AS SPACE PERMITS
ADDITIONAL COMMENTS CAN ALSO BE ADDED FOR APPROVER CLARIFICATION PURPOSES
FIT FOR FULL DUTY ACKNOWLEDGEMENT IS REQUIRED

Comments

An employer letter is required: *

Yes

No

Medical Pre-screen *

I acknowledge that I am physically and mentally capable of performing the duties required under these State Active Duty orders, and that there is no significant change in my health since my last reported medical examination. I further acknowledge that I will notify New York Naval Militia headquarters of any subsequent changes in my health prior to executing these orders.

SIGN WITH A MOUSE IF USING A COMPUTER OR YOUR FINGER ON A SMART PHONE
IF YOU SAVE A COPY IT WILL BE SENT TO YOUR EMAIL
CLICK "SUBMIT" FOR YOUR APPROVER TO SEE YOUR REQUEST

Member Signature *

Sign Here 



Clear

 Preview PDF Save Submit

NYNM Form 1571 (06/17)

**DON'T JUST FIRE AND FORGET!
FOLLOW UP WITH YOUR APPROVER IF YOU DON'T SEE YOUR ORDERS
CHECK YOUR SPAM FOLDER FOR ORDERS TOO**

