CERTIFICATE FOR PERFORMANCE OF HAZARDOUS DUTY

For use of this form, see AR 37-104-4/AR 37-104-10; the proponent agency is SAFM

1. ORGANIZATION	2. PERIOD	
	FROM	TO
3. LOCATION		

TO Finance and Accounting Officer:

This certificate is furnished pursuant to AR 37-104-4 and/or AR 37-104-10. It is applicable to all soldiers named hereon and for the period stated above unless otherwise indicated below.

4. NAME *(Last, First, MI)*	5. SSN	6. TYPE OF PAY	7. PERIOD *(if other than above)*

COMMANDER'S STATEMENT

For the period for which additional pay may be due, each soldier whose name appears hereon, has while in duty status performed hazardous duty as shown above, by orders of competent authority, sufficient to meet the requirements of DODPM for part two, chapter 3 or part eight, in accordance with applicable service regulations.

8. TYPED NAME AND GRADE OF COMMANDER	9. SIGNATURE OF COMMANDER	10. DATE