

# Individual Active Duty Certificate of Performance

[For use of this form see USAR Pam 37-1; the proponent agency is  
the AR G-8.]

RCS exempt per AR 335-15, paragraph 5-2b(1).

1. FROM (Unit Address to include PAS)

## DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 37, U.S.Code, Sec. 101 and following.  
Principal Purpose: To certify duty performed as ordered for compensation IAW USAR Pam 37-1 and internal controls as a Reserve Component Soldier.  
Routine Uses: To specify and certify as correct the performance of duty.  
Disclosure: Disclosure is voluntary; however, failure to disclose the requested information may delay or initiate a collection of the payment of compensation.

I CERTIFY THAT I, \_\_\_\_\_,  
(Rank, Name, SSN)

HAVE COMPLETED \_\_\_\_\_ DAYS OF THE ACTIVE DUTY PERIOD  
(Number)

SPECIFIED IN ORDER \_\_\_\_\_, HQ \_\_\_\_\_,  
(Order Number) (Issuing HQ)

DATED \_\_\_\_\_ INCLUSIVE DATES OF DUTY PERFORMED

ARE \_\_\_\_\_ TO \_\_\_\_\_  
(YYYYMMDD) (YYYYMMDD)  
(INCLUDING TRAVEL).

\_\_\_\_\_  
(Soldier's Signature)

\_\_\_\_\_  
(Verifying Official's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
(Phone No.)

\_\_\_\_\_  
(Date)

**Penalty: The penalty for willfully making  
a false claim is: A maximum fine of  
\$10,000.00 or maximum imprisonment of  
5 years or both.  
(U.S. Code, Title 18, Sec 287.)**

**The Verifying Official must have personal  
knowledge or documentation supporting  
the fact that the duty was satisfactorily  
performed.**