



State of Kansas

Application for Military Activation and Military Pay Differential Payment (For Employees Ordered to Full Time Military Duty, Mobilized and Deployed)

For the Period _____ through _____

Personal Information (to be completed by employee)

Full Name:

Address:

City

State

ZIP

E-mail Address: _____

Social Security Number: _____

Employee ID Number: _____

Job Title: _____

Current Rate of Pay: _____

Application for (check one): Military Activation Payment Military Pay Differential Both
Do you want payment to be made via Direct Deposit? Yes No (If "Yes," information must be in STARS.)

Military Information

Military Rank: _____

Orders Number: _____

Unit of Assignment: _____

Deployed Location: _____

Operation: _____

Unit Location: _____

Unit E-mail Address: _____

Unit Phone: _____

Unit Cell Phone: _____

Start Date: _____

Salary Estimate: \$ _____

Signature of Applicant or Legal Representative _____

Agency Representative/Phone Number _____

Instructions to Applicant

1. Please fill in the above information as completely as possible, attaching a copy of your military orders (either individual or unit orders) with this form. You need to submit these two documents one time only.
2. You must submit this completed form along with a copy of your military orders to your agency. If you do not have information requested in this form, please provide it to your agency as soon as it is available to you. If you are requesting a Military Pay Differential, you must submit a copy of your LES to your agency each time it is issued to you.
3. You should consult with your tax advisor to determine if estimated tax payments are required or if any other individual tax consequences may result from these payments.

