

**CTMD Regulation 600-8-6
General Order 2010-2**

Personnel – General

State Active Duty

**Joint Force Headquarters
Connecticut Military Department
Hartford, Connecticut
1 August 2010**

UNCLASSIFIED

Joint Force Headquarters
Connecticut Military Department
Hartford, Connecticut 06105-3795
1 August 2010

CTMD Regulation 600-8-6
General Order 2010-2

PERSONNEL – GENERAL

STATE ACTIVE DUTY

Summary. This regulation prescribes the policies and procedures for the performance and reporting of State Active Duty.

Applicability. This regulation is applicable to all members of the Armed Forces of the State of Connecticut.

Supplementation. Supplementation of this regulation is prohibited without prior approval of the Adjutant General.

Proponent. The proponent for this regulation is CTMD, Military Administrative Office, William A. O'Neill Armory, 360 Broad Street, Hartford, CT 06105

Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Office of the Adjutant General, ATTN: CTMD-HS, Governor William A. O'Neill State Armory, 360 Broad Street – Room #113, Hartford, CT 06105-3795.

By Order of the Adjutant General, duly authorized, IAW Conn. Gen. Stat. § 27-20

Official:

THADDEUS J. MARTIN
Major General
The Adjutant General

RONALD P. WELCH
Colonel
Chief of Staff

CONTENTS

PARAGRAPH	TITLE	PAGE
1	Obtaining a State Employee ID	2
2	Appointment to the Connecticut State Guard	2
3	Governor Call Up of the National Guard	3
4	Requesting Orders	4
5	State Active Duty for Governor's Guards	4
6	Reporting of Military Duty for Governor's Guards	5
7	Processing Orders	5
8	Processing Payroll – National Guard Call-Up	6
9	Processing Payroll – CTSG & Governor's Guards	7

REQUIRED CTMD FORMS

CTMD 1-1

CTMD 5-1

CTMD 5-2

CTMD 5-3

CTMD 5-4

1. Obtaining a Connecticut State Employee Identification Number

All individuals requesting orders for State Active Duty must first have a State of Connecticut Employee Identification Number (EID) in order to be paid through the State Comptroller's Office.

In order to obtain a state EID, an individual needs to submit a Federal W-4 and a CT W-4 to the Military Administrative Office.

The state personnel office will assign an EID through the CORE-CT payroll system.

2. Appointment to the Connecticut Organized Militia

Unless called up by the Governor as a member of the Connecticut National Guard, all members performing State Active Duty must be a member of the Armed Forces of the State of Connecticut: the Connecticut National Guard or the Connecticut Organized Militia.

In order to be assessed into the Connecticut Organized Militia the individual must complete CTMD Form 5-3 and:

- be a resident of the State of Connecticut
- NOT currently be a member of any component of the armed forces of the United States, to include the Connecticut National Guard
- be available to be called to State Active Duty at the convenience of the Governor and/or the Adjutant General
- possess a special skill, license or degree of interest to the CTSG
- be medically fit to perform the duties assigned upon appointment
- accept an oath of office subjecting them to the orders of the Governor, The Adjutant General, the Connecticut Code of Military Justice and pertinent service regulations.

Individuals who are approved for appointment will be expected to perform their duties when ordered to State Active Duty and not necessarily at their personal convenience.

Rank and duty position will be selected upon experience, education and commensurate positions in the Armed Forces of the United States. Individuals who are retired or separated from the military will most likely be appointed at their highest held rank prior to separation.

Members of the CT National Guard who were promoted to the next highest rank upon retirement in accordance with Connecticut General Statutes Section 27-53 are automatically appointed into the CTSG as a condition of their promotion.

Appointment to the Organized Militia will be revoked if the individual fails to maintain residency in Connecticut, maintain required licenses or professional certification for their duty position, maintain their personnel or medical readiness or reaches the age of 64.

3. Governor Call-Up of the National Guard

In the event of a state emergency, the Governor may call up the National Guard to State Active Duty. All members of the CTNG called to State Active Duty must have a Connecticut State EID by completing the required Federal W-4 and CT W-4. They do NOT need to request appointment into the Connecticut State Guard.

Units called to State Active Duty will develop a battle roster and submit it to the State Military Administration Office as soon as possible. The battle roster will contain at a minimum:

- Name (First, Last and MI)
- Rank
- Social Security Number
- Mailing Address
- Pay Entry Base Date (PEBD)
- Dependent Status (Yes or No)
- State Employee ID

The battle roster will also contain the unit name, location, dates of duty, unit commander and unit point of contact (e-mail and telephone).

It is highly recommended that the unit conduct a State Active Duty In-Processing briefing with the assistance of the State Military Administration Office. Depending upon the size of the unit, it should not exceed more than 60 minutes in order to deploy the unit to the field as soon as possible.

The SAD In-Processing briefing will involve the following:

- Completion/Updating of the Federal W-4 and CT W-4
- Verification of personnel information on the Battle Roster
- Information on the State payroll cycle
- Process on how to report injuries

The unit will maintain a roster tracking the duty performed of every individual in the event the operation exceeds one duty day on CTMD Form 5-4. The CTMD Form 5-4 will be forwarded to the Emergency Operations Center (EOC) every day at a prescribed time in accordance with the Operations Order for that emergency.

All CTMD Form 5-4s will be forwarded to the State Military Administration Office at the conclusion of the event for payroll processing. The form needs to be signed by a supervisor in the chain of command of the personnel on the form. It is recommended that a separate form be maintained for each unit at the lowest level possible (i.e.: squad, platoon, etc.)

4. Requesting Orders

Individuals called up as members of the Connecticut National Guard do not need to request individual orders. The battle roster submitted by the unit will serve as the official request for orders. All others need to submit a completed CTMD Form 5-2.

All members performing State Active Duty, whether as a member of the National Guard or the Organized Militia, need to have their request for orders submitted prior to start of the start of duty performed without exception.

Completion of the CTMD Form 5-2

REQUESTOR INFORMATION

The name, phone number and e-mail of the individual requesting the member be placed on State Active Duty. The individual requesting State Active Duty CAN NOT be the same individual being placed on State Active Duty.

INDIVIDUAL INFORMATION

Name, address, contact information and demographic information for the individual being placed on State Active Duty in order to ensure they receive the correct pay & allowances based upon their rank, PEBD and dependent status.

DUTY INFORMATION

Detailed information on when, where and what duty will be performed with the contact information of the immediate supervisor who will be responsible for certifying that duty has been performed.

The remainder of the form will be completed by the State Military Administration Office.

5. Special Considerations Applied to State Active Duty for Governor's Guards

Members of the Governor's Guards may be called to State Active Duty in a paid or unpaid status as approved by The Adjutant General. Members called to State Active Duty in a paid status will request orders as stated above on CTMD Form 5-2.

Members called to State Active Duty in an unpaid status will do so in a voluntarily status with the consent of the unit commandant and the individual member. CTMD will publish orders upon the official request of the unit commandant. Orders will not be issued for individual members attending unit drills as listed on the Yearly Training Calendar (see paragraph 6 below). The unit attendance roster (CTMD Form 1-1) taken upon the first formation of the drill and submitted by the commandant immediately following the drill period will serve as the official document to record member's duty status.

The Commandant shall submit a request for orders for all special events, such as parades, ceremonies, inspections or any other event at which the unit or members of the unit attend in the capacity as a member of the Organized Militia.

6. Military Duty Reporting for the Governor's Guards

The Commandant of each unit of the Governor's Guards shall provide to the Connecticut Military Department a Yearly Planning Calendar no later than 31 August of each year.

The calendar start date will be 1 October and end 30 September. The calendar will include all scheduled drill dates, major events and any other special event that is known at the time of publishing.

No later than the 7th day of the month, the Commandant shall provide a completed CTMD Form 1-1 detailing those present for duty for all scheduled drill nights, parades and special events held in the previous month.

The CTMD Form 1-1 shall be the document of record to confirm that military duty has been performed and to document individual attendance and performance.

7. Processing Orders

All orders for State Active Duty will be processed by the CTMD Administrative Officer. Funding guidance will be obtained by the Fiscal Administrative Manager and accounting classifications from the Fiscal Administration Supervisor. The Adjutant General maintains the authority to approve or disapprove all State Active Duty orders.

Accounting classifications will include:

- Department Code
- Fund Code
- SID
- Program Code
- Budget Year

The order will contain:

- Permanent Order Number
- Date order was published
- Individual's name, address, social security number, EID, rank, PEBD, dependent status and unit
- Dates of duty
- Report time
- Location of duty

- Supervisor
- Purpose of duty
- Accounting classifications and budget

Copies of all permanent orders will be sent to:

- The Office of The Adjutant General
- The Assistant Adjutant General
- Chief of Staff
- Fiscal Administrative Manager
- Fiscal Administrative Supervisor
- Joint Operations (J3) Office
- Joint Personnel (J1) Office
- State Military Historical Office
- Unit
- Individual

8. Processing Payroll – National Guard Call-Up

CTMD Form 5-4 will be used to process payroll for members of the CT National Guard called to State Active Duty by the Governor.

The state payroll system operates in a two-week cycle starting on a Friday and ending on a Thursday. The State Military Administrative Officer will inform the unit of the Payroll Start Date. A separate CTMD Form 5-4 will be completed for every two-week payroll cycle in which dates of State Active Duty cover.

The CTMD Form 5-4 will be verified by the CTMD Administrative Officer and given to State Payroll for processing.

A check will be mailed by the State Comptroller's Office to the service member's mailing address two weeks after the conclusion of the state payroll cycle.

Service members will be paid base pay, basic allowance for subsistence and basic allowance for housing. No other incentives, bonuses or special duty pay will be authorized.

- Base Pay is determined based upon their current federally recognized rank and years of service. E1 through E9 will receive an additional \$10.00 per day and O1 through O2 will receive an additional \$5.00 per day in accordance with Connecticut General Statutes.
- The Basic Allowance for Subsistence (BAS) will be paid at a daily rate based upon the federal monthly rate.

- All service members will be paid a Basic Allowance for Housing (BAH) depending on their dependent status and rank. They will be paid the BAH/RC-T rate and NOT the housing allowance for their locality.

9. Processing Payroll – CTSG & Governor’s Guards

CTMD Form 5-1 will be used to process State Active Duty for members of the Connecticut State Guard and Governor’s Guards.

The CTMD Form 5-1 will be initiated by the CTMD Administrative Officer on the Monday immediately prior to the end of the payroll cycle in which duty was performed. All forms must be returned to the State Military Administrative Officer after the last day of duty performed during the payroll cycle but prior to the following Monday after the end of the payroll cycle in order for the payroll office to process their pay in time to receive a check the following payroll. All late CTMD Form 5-1s will be processed in the following payroll cycle.

All CTMD Form 5-1s must be signed by the individual performing duty, their supervisor and the CTMD Administrative Officer.

- The individual’s signature confirms that they performed the duty reported on the payroll form
- The supervisor’s signature certifies that the individual performed the duty reported on the payroll form
- The State Military Administrative Officer’s signature certifies that the individual is entitled to the pay at the reported grade in accordance with the orders previously published.

Members of the CTSG & Governor’s Guards will be paid base pay, basic allowance for subsistence and basic allowance for housing. No other incentives, bonuses or special duty pay will be authorized.

- Base Pay is determined based upon their current state recognized rank and years of service. E1 through E9 will receive an additional \$10.00 per day and O1 through O2 will receive an additional \$5.00 per day in accordance with Connecticut General Statutes.
- The Basic Allowance for Subsistence (BAS) will be paid at a daily rate based upon the federal monthly rate.
- All service members will be paid a Basic Allowance for Housing (BAH) depending on their dependent status and rank. They will be paid the BAH/RC-T rate and NOT the housing allowance for their locality.

CONNECTICUT MILITARY DEPARTMENT

REPORT OF DUTY PERFORMED

NO.	DATE	EVENT	ORGANIZATION										
1													
2			LOCATION										
3													
4			MONTH/YEAR										
5													
6			REGULAR DRILL NIGHT										
7													
OFFICERS													
RANK	POSITION	NAME	DATE OF COMMISSION	1	2	3	4	5	6	7	TOTAL	REMARKS	
											-		
											-		
											-		
											-		
											-		
											-		
											-		
WARRANT OFFICERS													
RANK	POSITION	NAME	DATE OF COMMISSION	1	2	3	4	5	6	7	TOTAL	REMARKS	
											-		
NON-COMMISSIONED OFFICERS (E5-E9)													
RANK	POSITION	NAME	DATE OF ENLISTMENT	1	2	3	4	5	6	7	TOTAL	REMARKS	
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		
											-		

Instructions:
 Enter a **X** for present
 Leave blank for not present

CONNECTICUT MILITARY DEPARTMENT

REPORT OF DUTY PERFORMED NON-COMMISSIONED OFFICERS (E4)

RANK	POSITION	NAME	DATE OF ENLISTMENT	1	2	3	4	5	6	7	TOTAL	REMARKS
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	

Instructions:
Enter a **X** for present
Leave blank for not present

CONNECTICUT MILITARY DEPARTMENT

REPORT OF DUTY PERFORMED

ENLISTED PERSONNEL (E3)												
RANK	POSITION	NAME	DATE OF ENLISTMENT	1	2	3	4	5	6	7	TOTAL	REMARKS
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	
											-	

Instructions:
Enter a **X** for present
Leave blank for not present

CONNECTICUT MILITARY DEPARTMENT

REPORT OF DUTY PERFORMED

SUMMARY											
	AUTHORIZED	ASSIGNED	1	2	3	4	5	6	7	TOTAL	
OFFICERS	8	-	-	-	-	-	-	-	-	-	-
WARRANT OFFICERS	1	-	-	-	-	-	-	-	-	-	-
NON-COMMISSIONED OFFICERS	78	-	-	-	-	-	-	-	-	-	-
ENLISTED PERSONNEL	104	-	-	-	-	-	-	-	-	-	-
TOTALS	191	-	-	-	-	-	-	-	-	-	-
	ASSIGNED PCT		ATTENDANCE PCT								
OFFICERS	0.0%										0.0%
WARRANT OFFICERS	0.0%										0.0%
NON-COMMISSIONED OFFICERS	0.0%										0.0%
ENLISTED PERSONNEL	0.0%										0.0%
TOTALS	0.0%										0.0%
VALIDATION											
I certify from personal knowledge and from official records that the entries on this report are true and correct. The assigned strength of this organization does not exceed the authorized strength as prescribed in Connecticut General Statutes section 27											
SIGNATURE OF COMMANDANT _____						DATE _____					

Instructions:
Enter a **X** for present
Leave blank for not present

PAYROLL WORKSHEET

PAYROLL START DATE		PAYROLL END DATE			ORDERS #	CHARGE TO:					PAYMENT BATCH #
TYPE & LOCATION OF DUTY		DEPT	FUND	SID	PROG	YEAR					
No.	Name, SSN, EID & Address	GRADE	YEARS OF SERVICE	DEPENDENT STATUS	DATES WORKED	NO OF DUTY DAYS					
1							\$ -	\$ -	\$ -		
2							\$ -	\$ -	\$ -		
3							\$ -	\$ -	\$ -		
4							\$ -	\$ -	\$ -		
5							\$ -	\$ -	\$ -		
I CERTIFY THAT THE INDIVIDUALS WHO HAVE SIGNED THIS PAYROLL ARE MEMBERS OF THE ARMED FORCES OF CONNECTICUT AND THAT THE GRADE, TOTAL YEARS SERVICE, AND NUMBER OF DAYS DUTY ARE CORRECT AS RECORDED AND THAT THE DUTY WAS PERFORMED IN ACCORDANCE WITH APPROPRIATE AUTHORITY.						SIGNATURE					
						RUSSELL J BONACCORSO JR MILITARY ADMINISTRATIVE OFFICER					
PRIVACY ACT STATEMENT: 1. Authority: Title 37 US Code Sec. 204 SSAN: Executive Order 9397 10 USC 275; 2. Principal Purpose(s): Authorize individuals to perform State Active Duty; 3. Routine Uses: Used to verify performance of State Active Duty; 4. Mandatory or voluntary disclosure and effect on individual not providing information on card is mandatory. SSAN information is one of the Edits in the Pay and Allowance System. If SSAN is not on card, individual would not be paid.						WAGE/TAX STATEMENT: Personnel identified on this form for State Active Duty will be treated as State Employees for the purpose of Federal/State income and FICA/Medicare withholding taxes only. This status confers no other specified or implied benefits. Personnel ordered to State Active Duty who are employed by another State Agency must execute State Personnel form #PER-DE-1 prior to payroll processing to insure that the compensation for this duty is outside the responsibility of the agency of principal employment IAW Sec 5-208a GSC.					

**CONNECTICUT MILITARY DEPARTMENT
REQUEST FOR ORDERS**



REQUESTOR INFORMATION				
Name:		Phone Number:		E-Mail
INDIVIDUAL INFORMATION				
Last Name		First Name		Middle Initial
Mailing Address				
City		State	Zip Code	
Phone Number		E-Mail		
Rank/Grade	PEBD:	Marital Status:	Employee ID#	Social Security Number
DUTY INFORMATION				
Dates Requested:			Report Time:	
Duty Location: <i>(Address, Building, Room, etc):</i>				
Duty Description:				
Supervisor Name:		Phone Number:	E-Mail:	

Signature of Requestor

Date

TO BE COMPLETED BY STATE ACTIVE DUTY PAYROLL OFFICER				
Orders #		Base Pay:	Allowances:	Total Cost:
Department::	Fund Code:	SID:	Program Code:	Budget Year:

Signature

Date



CONNECTICUT MILITARY DEPARTMENT APPLICATION FOR APPOINTMENT TO THE CONNECTICUT STATE GUARD RESERVE

APPLICANT'S PERSONAL INFORMATION				
Last Name	First Name		Middle Initial	
Street Address				
City			State	Zip-Code
Social Security Number	Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Dependent Status <input type="checkbox"/> Yes <input type="checkbox"/> No
FORMER MILITARY EXPERIENCE <i>(if applicable)</i>				
Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard		Component <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Combination		Military Retiree <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Military Rank Held	Pay Entry Base Date (PEBD)	Date of Discharge/Retirement	Do you currently hold a Security Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?
List Duty Positions <i>(include MOS, Branch, Skill Identifiers, Classification Codes, Rating, AFSC, schools attended, etc)</i>				
INFORMATION VERIFICATION, ACCESS & RELEASE AUTHORIZATION				
I authorize verification/release of the information I am providing on this application. This authorization allows the Connecticut Military Department to access my military personnel records for the purposes of evaluating this application. _____ <div style="text-align: right; margin-left: 100px;">Initials</div>				
STATEMENT OF CONFIDENTIALITY				
This application required supporting documentation and access to your military records are the primary means of determining your eligibility to be appointed to the Connecticut State Guard Reserve. Disclosure of the requested information, including the applicant's social security number is voluntary. However, failure to provide the requested information or access thereto may result in the inability to verify eligibility based on the lack of sufficient information. Unverified eligibility will result in the denial and return of this application.				
I attest that the information provided on this application is true and correct to the best of my knowledge and understand that appointment to the CTSG authorizes me to participate in State Active Duty functions and that I will be subject to the Connecticut Code of Military Justice and pertinent service regulations.				
_____			_____	
SIGNATURE			DATE	
TO BE COMPLETED BY CONNECTICUT MILITARY DEPARTMENT				
APPROVED <input type="checkbox"/>				
Effective Date	<div style="text-align: center; margin-top: 20px;"> _____ SIGNATURE OF MILITARY ADMINISTRATIVE OFFICER _____ DATE </div>			
Expiration Term of Service				
Approved Rank				
Permanent Order				
REJECTED <input type="checkbox"/>				
Reason:				

GROUP PAYROLL WORKSHEET

PAYROLL START DATE		PAYROLL END DATE		ORDERS #	CHARGE TO:													PAYMENT BATCH #				
TYPE & LOCATION OF DUTY					DEPT	FUND	SID	PROG	YEAR													
No	EID	Last Name, First Name, MI	Grade	Years of Service	Dependents (Y/N)	Dates Worked														Base Pay	Allowances	Total Pay
						0-Jan-00	1-Jan-00	2-Jan-00	3-Jan-00	4-Jan-00	5-Jan-00	6-Jan-00	7-Jan-00	8-Jan-00	9-Jan-00	10-Jan-00	11-Jan-00	12-Jan-00	13-Jan-00			
1																			-	\$ -	\$ -	\$ -
2																			-	\$ -	\$ -	\$ -
3																			-	\$ -	\$ -	\$ -
4																			-	\$ -	\$ -	\$ -
5																			-	\$ -	\$ -	\$ -
6																			-	\$ -	\$ -	\$ -
7																			-	\$ -	\$ -	\$ -
8																			-	\$ -	\$ -	\$ -
9																			-	\$ -	\$ -	\$ -
10																			-	\$ -	\$ -	\$ -
11																			-	\$ -	\$ -	\$ -
12																			-	\$ -	\$ -	\$ -
13																			-	\$ -	\$ -	\$ -
14																			-	\$ -	\$ -	\$ -
15																			-	\$ -	\$ -	\$ -
16																			-	\$ -	\$ -	\$ -
17																			-	\$ -	\$ -	\$ -
18																			-	\$ -	\$ -	\$ -
19																			-	\$ -	\$ -	\$ -
20																			-	\$ -	\$ -	\$ -
I CERTIFY THAT THE INDIVIDUALS WHO HAVE SIGNED THIS PAYROLL ARE MEMBERS OF THE ARMED FORCES OF CONNECTICUT AND THAT THE GRADE, TOTAL YEARS SERVICE, AND NUMBER OF DAYS DUTY ARE CORRECT AS RECORDED AND THAT THE DUTY WAS PERFORMED IN ACCORDANCE WITH APPROPRIATE AUTHORITY.													SIGNATURE									
PRIVACY ACT STATEMENT: 1. Authority: Title 37 US Code Sec. 204 SSAN: Executive Order 9397 10 USC 275; 2. Principal Purpose(s): Authorize individuals to perform State Active Duty; 3. Routine Uses: Used to verify performance of State Active Duty; 4. Mandatory or voluntary disclosure and effect on individual not providing information on card is mandatory. SSAN information is one of the Edits in the Pay and Allowance System. If SSAN is not on card, individual would not be paid.													WAGE/TAX STATEMENT: Personnel identified on this form for State Active Duty will be treated as State Employees for the purpose of Federal/State income and FICA/Medicare withholding taxes only. This status confers no other specified or implied benefits. Personnel ordered to State Active Duty who are employed by another State Agency must execute State Personnel form #PER-DE-1 prior to payroll processing to insure that the compensation for this duty is outside the responsibility of the agency of principal employment IAW Sec 5-208a GSC.									