

**NEW YORK NAVAL MILITIA
(NYNM)**

**REQUEST FOR
STATE ACTIVE DUTY (SAD)
In-Pay**

FOR OFFICIAL USE ONLY
NYNM Form 1160

PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
The primary use of this form is to request and authorize NYNM member's participation in State Active Duty (SAD) in a pay status.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

SSN: _____

NAME:

FIRST _____, MIDDLE _____, LAST _____, SUFFIX _____

GENDER: MALE _____ FEMALE _____

DATE OF BIRTH: _____ **PHONE NUMBER:** _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ **ZIP CODE:** _____

MARITAL STATUS: _____

DEPENDENTS: _____

FEDERAL PAY ENTRY BASE DATE (PEBD): _____

RANK: _____ **PAYGRADE:** _____ **DATE OF RANK:** _____

NAVAL MILITIA/RESERVE UNIT: _____

SAD START DATE: _____ **SAD END DATE:** _____ **NUMBER OF DAYS:** _____

REPORT TIME: _____, **REPORT TO:** _____

PURPOSE OF DUTY: _____

MODE OF TRAVEL: _____

ADDITIONAL INFORMATION: _____

19. REQUESTED BY: _____
UNIT COMMANDER (RANK/SIGNATURE/DATE)

20. APPROVED BY: _____
COMPONENT (SIGNATURE/DATE)