

**NEW YORK NAVAL MILITIA
(NYNM)**

**STATE ACTIVE DUTY (NON-PAY)
AUTHORIZATION**

FOR OFFICIAL USE ONLY
NYNM Form 1571

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) non-pay status.
This form may be used in lieu of a Commander's Letter of Instruction.

I hereby request authorization for State Active Duty (in non-pay status) for the below named individual.

Name: _____ Rank: _____

Billet Assignment: _____

Date: _____

Location: _____

Report to: _____

Purpose/Justification: _____

An employer letter is required: Yes No

Requesting individual: _____ / _____
Signature Date

Authorizing individual: _____ / _____
Signature Date

Form must be signed by a respective Commander, Deputy Commander, Chief of Staff, or Assistant Chief of Staff (ACOS).