

RETIREE ACCOUNT STATEMENT

STATEMENT EFFECTIVE DATE
JAN 29, 2011

NEW PAY DUE AS OF
MAR 01, 2011

SSN *****2519 **438-96-2519**

PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES

TSG DAVID P DAMMON USAF RET
117 N QUEENS DRIVE
SLIDELL LA 70458-0000

DFAS-CL POINTS OF CONTACT

DEFENSE FINANCE AND ACCOUNTING SERVICE
US MILITARY RETIREMENT PAY
PO BOX 7130
LONDON KY 40742-7130

COMMERCIAL (216) 522-5955
TOLL FREE 1-800-321-1080
TOLL FREE FAX 1-800-469-6559

myPay
<https://myPay.dfas.mil>
1-877-363-3677

PAY ITEM DESCRIPTION

ITEM	OLD	NEW	ITEM	OLD	NEW
GROSS PAY	1,359.00	1,359.00	FITW	5.40	38.30
VA WAIVER	243.00	243.00	ADDL FITW	75.00	75.00
TAXABLE INCOME	558.00	558.00	SITW	15.00	15.00
			ALLOTMENTS/BONDS	66.06	66.06
			FORMER SPOUSE DED	558.00	558.00
			NET PAY	396.54	363.64

PAYMENT ADDRESS

DIRECT DEPOSIT

YEAR TO DATE SUMMARY (FOR INFORMATION ONLY)

TAXABLE INCOME: 1,116.00
 FEDERAL INCOME TAX WITHHELD: 160.80
 STATE TAX WITHHELD FOR LOUISIANA: 30.00

TAXES

FEDERAL WITHHOLDING STATUS:	SINGLE	STATE CODE:	LA
TOTAL EXEMPTIONS:	00	STATE INCOME TAX WITHHELD:	15.00
FEDERAL INCOME TAX WITHHELD:	38.30		
ADDITIONAL FITW:	75.00		

SURVIVOR BENEFIT PLAN (SBP) COVERAGE

NO SBP ELECTION IS REFLECTED ON YOUR ACCOUNT.

RETIRED SERVICEMAN FAMILY PROTECTION PLAN (RSFPP) COVERAGE

RSFPP COVERAGE TYPE	ANNUITY PAYABLE	RSFPP COST



APPLICATION FOR APPROVED TRAINING

SSN: 438-96-2519 (Please provide when returning form)

You should complete the top portion of this form and deliver it to the school you are attending or plan to attend. Be sure to provide your name and address information before delivering it to the school representative. Please provide your social security number when returning this form to us by fax or mail.

Failure to return this completed form within 10 days of filing a claim for UI Benefits or enrollment in school may result in a loss of benefits.

STUDENT'S NAME & ADDRESS

David Dammen
117 N. Queens Dr.
Slidell La, 70458
Phone: (985) 285-4657

RETURN COMPLETED FORM TO:

ADJUDICATION SUPPORT
P.O. Box 91253
Baton Rouge, LA 70821-1253
FAX: (225) 346-6068

Louisiana Law (R.S. 23:1602(2)) requires that all individuals claiming unemployment insurance benefits must be available for work and conducting an active search for work unless in training with the approval of the administrator of this agency. This form is designed to be completed by the school you are attending. The information will be used to determine if your training meets the requirements for approval by the administrator.

THIS PORTION MUST BE COMPLETED BY YOUR SCHOOL. QUESTIONS LEFT BLANK MAY CAUSE A DELAY IN THE PROCESSING OF YOUR REQUEST FOR APPROVED TRAINING.

NAME OF COURSE: SEE Attached Ltr from UNO

- 1. School Name:
2. Address:

- 3. Training Beginning Date:
4. Training Ending Date:

Note: Please include projected dates for the completion of associate degrees, or in the case of vocationally directed training, the ending date of the course, not just through any upcoming breaks for the school.

- 5. How many days during the above referenced period will the student be off due to holidays?

- 6. What hours and days of the week will the student be in class? Indicate a.m. or p.m.
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:

Saturday: _____
Sunday: _____

7. **Has the school been approved by the Department of Education?**
 Yes No

Is the training a Workforce Investment Act (WIA) sponsored course?
 Yes No

8. **What are the student's current occupational skills?**

9. **What is the student's current labor market area?**
 Local Multi-Parish or County Statewide

10. **What are the present demands for the above occupational skills in the student's current labor market area?**
 Good Fair Poor Non-Existent

11. **After schooling, what are the prospects of employment?**
 Good Fair Poor Non-Existent

12. **What is the present hourly pay in the area for the occupation for which schooling is requested?** _____

13. **Does the schooling requested lead to a degree?** Yes No
If YES: BACCALAUREATE
 ADVANCED
 ASSOCIATE

If student is degreed at present, what is the degree in?

14. **If student has any particular reason for needing training, such as medical, plant closure, occupation cannot be used in other industries, etc., please explain:**

SEE ATTACHED Ltr from UNO
SCHOOL REPRESENTATIVE TITLE

PHONE FAX DATE

University of New Orleans
2000 Lakeshore Drive
New Orleans, LA 70148
United States

Academic Certification

Enrollment Verification as of 04/21/2011

Name: David Dammon

ID Nbr: 2271673

SSN: 438-96-2519

Enrollment History

Term	Career	Begin Date	End Date	Units	Status
2011 Spring	UGRD	01/15/2011	05/20/2011	14.00	Full-Time



REGISTRAR

University of New Orleans

438962519

Lakefront • New Orleans • Louisiana 70148

Academic Certification

Report ID: SRSTDNT2

STUDY LIST

Page No. 1
Run Date 04/21/2011
Run Time 14:11:20

Name: Dammon, David
ID: 2271673
Term: 2011 Spring

Career: Undergraduate
Program: Engineering Undergraduate

Class No.	Subject	Catalog	Session	Section	Status	Units: Taken	Grading: Basis
20632	ENCE Intro to Environmental Engr Engineering Building Science Building	3323	1 321 2049	001 Lecture/Lab W F	Enrolled 1:30pm - 4:15pm 11:00am - 1:40pm	4.00	Graded Kura, Bhaskar Staff
20633	ENCE Geotechnical Engineering Engineering Building	3340	1 316	601 Lecture/Lab MW	Enrolled 4:30pm - 5:45pm	3.00	Graded Staff
20634	ENCE Soil Mechanics Laboratory Engineering Building	3341	1 135	601 Laboratory W	Enrolled 6:00pm - 8:40pm	1.00	Graded Staff
20642	ENCE Ocean & Coastal Engineering Engineering Building	4723	1 318	001 Lecture TTh	Enrolled 3:00pm - 4:15pm	3.00	Graded McCorquodale, John A
20799	ENGL Major American Writers Internet	2041	1 TBA	478 Lecture TBA	Enrolled TBA	3.00	Graded Ardeneaux IV, Edward John


REGISTRAR