



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS AIR FORCE PERSONNEL CENTER  
RANDOLPH AIR FORCE BASE, TEXAS

DATE

NAME  
STREET  
CITY STATE ZIP

HQ AFPC/DPSOR/S  
550 C Street West, Ste 3  
Randolph AFB TX 78150-4713

I, NAME/SSN/Claim # was disapproved for retroactive stop-loss pay compensation and believe this decision was made in error. I am appealing this decision and would like to have my claim re-adjudicated.

       I have provided additional information for your consideration.

       I have not provided additional information for your consideration.

Sincerely,

NAME OF CLAIMANT

Attachment  
Stop-Loss claim & attached documents (as applicable)