

**PRIVACY ACT INFORMATION:** *The authority for collection of information is Title 10, U. S. Code, section 1552, EO 9397. The principal purpose is for the enrollment of students at Womack Army Medical Center (WAMC). Routine Use: None. Disclosure is voluntary; however, failure to provide identifying information may impede your ability to request and enroll at WAMC.*

### CERTIFICATE OF PERFORMANCE

(SEE ARPC FORM 3925 FOR INFORMATION ON BASE PAY AND ALLOWANCES)

#### DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: U.S. Code, Title 37, Section 101 and following.  
PRINCIPAL PURPOSE: To certify duty performed as ordered for compensation IAW AR 37-104-10 and internal controls as a Reserve Component soldier.  
ROUTINE USES: To specify and certify as correct the performance of duty.  
EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION: Disclosure is voluntary. However, failure to disclose the requested information may delay the payment of compensation.

#### CERTIFICATION PROCEDURES

**If Soldier is:**

**then submit:**

Performing individual AT/ADT/ADSW of less than 30 days

A Certificate of Performance (ARPC Form 3924) on the last duty day or no later than 5 days after duty performance to the **Pay Processing Office cited in your order.**

TPU members file through unit administrator

Performing individual AT/ADT/ADSW of 30 days or more

A Certificate of Performance (ARPC Form 3924) monthly to Arrive at the Pay Processing Office cited in your order NLT the 10th of the month following each month of duty.

A final certificate of performance is required NLT 5 days after tour completion.

Date \_\_\_\_\_

I certify that \_\_\_\_\_  
RANK NAME SSN

Completed \_\_\_\_\_ days of the active duty period specified in order #T-\_\_\_\_\_

HQ, U.S. AR-PERSCOM, dated \_\_\_\_\_

Inclusive dates of duty performed are \_\_\_\_\_ to \_\_\_\_\_ (including travel).

Soldier's signature \_\_\_\_\_ Date \_\_\_\_\_

#### THE CERTIFYING OFFICIAL MUST HAVE PERSONAL KNOWLEDGE OR DOCUMENTATION SUPPORTING THE FACT THAT THE DUTY WAS SATISFACTORILY PERFORMED.

SIGNATURE OF CERTIFYING OFFICIAL

RANK BRANCH OF SERVICE

TITLE

TELEPHONE NUMBER

DSN: COMMERCIAL:

#### PENALTY

The penalty for willfully making a false claim is: A maximum fine of \$10,000 or maximum imprisonment of 5 years or both. (U.S. Code, Title 18, Sec 287).

ARPC Form 3924, Apr 98 (Prior editions are obsolete.)

**WARNING: Emailing of this information is at the discretion of the applicant and uses the applicant's email system. Womack Army Medical Center does NOT assume any liability for the interception of the information contained on this form. Use the following site for encrypting any emails sent to WAMC:**

<https://safe.amrdec.army.mil/SAFE/Welcome.aspx>