

**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 \_\_\_\_\_ X

**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)