

PERSONNEL SUPPORT DETACHMENT LITTLE CREEK

SEPARATION, FLEET RESERVE AND RETIREMENT PACKAGE

TELEPHONE: 757-462-5068

FAX: 757-462-7537

PLEASE CONSULT WITH YOUR COMMAND PASS COORDINATOR (CPC) OR PSD SEPARATIONS SECTION WITH QUESTIONS.

COMPLETE ALL FORMS ACCURATELY AND COMPLETELY. FAILURE TO DO SO WILL RESULT IN YOUR SEPARATION BEING PROCESSED WITH INFORMATION AVAILABLE FROM OFFICIAL NAVY CORPORATE SYSTEMS.

COMPLETION OF SEPARATION PROCESSING IS REQUIRED PRIOR TO COMMENCING SEPARATION LEAVE AND/OR JOB/HOUSE HUNTING PERMISSIVE TDY (MPM 1050-120, 1050-400 AND 1320-220).

YOUR FIRST APPOINTMENT WILL BE SCHEDULED WHEN AN ACCURATE AND COMPLETE SEPARATION PACKAGE IS RECEIVED VIA THE TRANSACTION ONLINE PROCESSING SYSTEM (TOPS).

ENSURE THE FOLLOWING SYSTEMS ARE CURRENT AND ACCURATE PRIOR TO SUBMITTING YOUR SEPARATION PACKAGE:

NAVY STANDARD INTEGRATED PERSONNEL SYSTEM (NSIPS) ELECTRONIC SERVICE RECORD (ESR)

OFFICIAL MILITARY PERSONNEL FILE (OMPF) - MY RECORD

U.S. NAVY AWARDS (NDAWS)

NSIPS ESR: <https://nsips.nmci.navy.mil/>

OMPF: <https://www.bol.navy.mil/>

NDAWS: [https://awards.navy.mil/awards/webbas01.nsf/\(vwWebPage\)/home.htm](https://awards.navy.mil/awards/webbas01.nsf/(vwWebPage)/home.htm)

OBTAIN AND PROVIDE PSD LITTLE CREEK A COPY OF YOUR VERIFICATION OF MILITARY EXPERIENCE AND TRAINING (VMET-DD FORM 2586).

VMET: www.dmdc.osd.mil/vmet

DO YOU NEED SURVIVOR BENEFIT PLAN COUNSELING? CONTACT NAVY MUTUAL AT 757-451-2490 OR WFS@NAVYMUTUAL.ORG

SEPARATION/FLEET RESERVE/RETIREMENT CHECKLIST

- RETIREMENTS/FLEET RESERVE/SEPARATIONS WORKSHEET
- DD 2586 - Verification of Military Experience and Training (VMET)
- *DD 2656 - Data for payment of retired personnel (FLEET RSV/RETIREMENT ONLY)
- *DD 2648 - Pre-separation counseling Checklist
- Allotment Form (FLEET RESERVE/RETIREMENT ONLY)
- Approved Leave Paper (DO NOT USE E-LEAVE)
- Security Termination Statement (OPNAV 5511/14)
- Evaluation (SEPARATION ONLY-NOT REQ FOR FLT RSV OR RETIREMENT)
- Involuntary Separation Pay Letter (If applicable)
- PTDY orders for House/job hunting (If applicable)
- Reenlistment Contract (If applicable) (eligibility for involuntary sep pay)
- NAVPERS 7041/1 (Complete via NSIPS Electronic Service Record (ESR))
- *Travel History/EFT Form
- Medical/Dental Memorandum
- Copies of DD 2807-1 (Report of Medical History) and DD 2808 (Report of Medical Examination)
- Medical/Dental Records or letter from Veteran's Administration
- Administrative Separation Letter (if being administratively separated)
- *Travel Advance Request (if applicable)
- NAVPERS 1070/74 (Officer's Report of Home of Record)
- Prior NAVPERS 1070/604 (Enlisted Qualifications History)
- Prior NAVPERS 1070/605 (History of Assignments)

* These forms can be located at the below website:

<http://www.cnmc.navy.mil/JEBLCFS/InstallationGuide/PersonnelSupportDetachment/Forms/>

RETIREMENTS/FLEET RESERVE/SEPARATIONS WORKSHEET

DATE OF RETIREMENT/FLEET RESERVE/SEPARATION: _____

REASON (Circle one from below):

RETIREMENT EAOS PRT* HYT* PTS* ADMIN SEP* OTHER*

*=Need Supporting Documentation (ADSEP letter, message, etc.)

ARE YOU RECEIVING ANY SPECIAL PAYS AND/OR ALLOWANCES? YES / NO

NAME: _____ RATE: _____ SSN: _____

COMMAND: _____

ADMIN OFFICE PHONE: _____ WORK PHONE: _____

HOME/CELL PHONE: _____

E-MAIL (Work): _____

(Home): _____

PERMISSIVE TAD (if applicable): YES / NO FROM: _____ TO: _____

SEPARATION LV (if applicable): YES / NO FROM: _____ TO: _____(23:59)

DO YOU DESIRE ADVANCE TRAVEL: YES / NO (PSD Little Creek must have completed travel advance request form NLT 30 days prior to commencement of separation leave and/or permissive TDY)

SEPARATION ADDRESS: _____

NAME OF NEAREST RELATIVE: _____

ADDRESS: _____

RELATIONSHIP: _____

HOME OF RECORD (City, State): _____

MEPS STATION (First Enlistment): _____

HAVE YOU COMPLETED THE EFT/TRAVEL HISTORY FORM? YES / NO (MUST BE COMPLETED BY ALL)

HAVE YOU TAKEN THE NAVY WIDE EXAM? YES / NO WHEN? _____

ARE YOU PLANNING TO PICK UP YOUR DD214 AND PAPERWORK: YES / NO

MEMBER'S SIGNATURE

DATE

Date

MEMORANDUM

From: _____
(Medical Treatment Facility)

To: _____
(Command Name)

Subj: SEPARATION PHYSICAL ICO _____
(Member's Name)

1. The above named individual has completed a separation physical. The following information is provided:

- a. Member is qualified/not qualified for separation.
(circle one)
- b. Dental care is required/not required.
(circle one)

2. Comments:

Medical Representative Printed Name/Signature

Dental Representative Printed Name/Signature

Copy to:
Personnel Support Detachment JEB Little Creek-Fort Story

