

PCS TRANSFER PROCEDURES & INFORMATION
PSD NAVAL STATION NORFOLK
STAFF TRANSFERS OFFICE RM 203
PHONE: 445-5198

ATTACHED PCS TRANSFER PACKAGE ICO: _____
DETACHING COMMAND: UIC: _____

THIS PCS PACKAGE SPECIFIES YOUR EDD (ESTIMATED DATE OF DETACHMENT). YOU CANNOT TRANSFER EARLIER THAN _____. YOU MAY TRANSFER ANY TIME AFTER THAT AS LONG AS YOU ALLOW SUFFICIENT TIME TO REACH YOUR NEW COMMAND BEFORE YOUR REPORT NOT LATER THAN DATE AS SPECIFIED IN YOUR PCS ORDERS. YOUR REPORT DATE WILL BE ADJUSTED UPON COMPUTATION OF YOUR LEAVE, TRAVEL, AND PROCEED (IF APPLICABLE), HOWEVER IT WILL NOT EXCEED THE REPORT NO LATER THAN DATE, UNLESS BY PORTCALL BUT IT CAN BE ADJUSTED TO HAVE YOU REPORT TO YOUR NEW COMMAND EARLIER.

IF YOU FAIL TO RETURN YOUR COMPLETED TRF PACKAGE BY _____, IT MAY AFFECT YOUR DESIRED TRANSFER DATE. **PER OPANAVINST 1000.23C, TRANSFER PACKAGES MUST BE RETURNED TO PSD WITHIN TEN DAYS OF RECEIPT.**

YOU MAY KEEP THE PSD CHECK-OUT SHEET ENCLOSED. PSD CHECK OUT WILL BE CARRIED OUT ON THE TRANSFER DATE APPROVED BY YOUR COMMAND. ENLISTED MEMBERS, ENSURE THAT YOUR CHAIN OF COMMAND WILL HAVE YOUR EVAL COMPLETED BEFORE YOUR DAY OF TRANSFER; VERIFY THAT THE DATE ON YOUR TRANSFER EVAL/LETTER OF EXTENSION REFLECTS YOUR DAY OF TRANSFER. REMEMBER, **YOUR TRANSFER DATE IS A DAY OF LEAVE AND/OR AUTHORIZED TRAVEL. YOUR REPORT DATE IS A DAY OF DUTY.**

IN CASE OF EMERGENCY REASONS, DO NOT ASK TO CHANGE YOUR TRANSFER DATE, AS ORDERS AND RECORDS ARE PROCESSED UPON RETURN OF THE TRANSFER PACKAGE. IN THE EVENT YOUR TRANSFER DATE CHANGES, PLEASE HAVE YOUR COMMAND ADMIN FORWARD PSD A MEMO TO CHANGE THE TRANSFER DATE AS SOON AS POSSIBLE.

IF YOU ARE REQUIRED TO OBTAIN OBLIGATED SERVICE (OBLISERV) FOR YOUR ORDERS, CONTACT YOUR COMMAND CAREER COUNSELOR TO DISCUSS REENLISTMENT/EXTENSION OPTIONS. FAILURE TO OBLISERV WITHIN 30 DAYS OF RECEIPT OF PCS ORDERS MAY PROMPT A CANCELANATION OF ORDERS.

FOR SHIPMENT OF HOUSEHOLD GOODS / POV CONTACT PERSONAL PROPERTY, BLDG SDA-336 AT 443-3700, OR LOG ON TO WWW.SMARTWEBMOVE.NAVSUP.NAVY.MIL

REPORT TO BRANCH MEDICAL CLINIC NORFOLK - **OVERSEAS/SEA DUTY SCREENING OFFICE** WITH MEDICAL RECORD AND COPY OF ORDERS LOCAL TRANSFERS ENSURE HIV IS UP TO DATE. *FOR QUESTIONS CALL 953-8850/8851/8852.* **DO NOT HOLD TRANSFER PACKAGES FOR COMPLETION OF MEDICAL SCREENING. MEDICAL SCREENING MUST BE TURNED IN NLT THE TRANSFER DATE. ALL FEMALES TRANSFERRING TO SHIPS/CARRIERS MUST PROVIDE PREGNANCY RESULTS FROM THE LAB TO PSD WITHIN 30 DAYS OF THE APPROVED DETACH DATE.**

IF YOU WISH TO HAVE A SPONSOR ASSIGNED TO YOU, PLEASE CONTACT YOUR COMMAND CAREER COUNSELOR TO INPUT YOUR REQUEST UTILIZING THE CAREER INFORMATION MANAGEMENT SYSTEM (CIMS). FOR MORE INFORMATION LOG ON TO WWW.NPC.NAVY.MIL AND GO TO CAREER TOOLS.

INSTRUCTIONS FOR CREATING A SELF SERVICE ESR (ELECTRONIC SERVICE RECORD) ACCOUNT ARE LOCATED ON THE NSIPS SPLASH SCREEN, [HTTPS://NSIPS.NMCI.NAVY.MIL/](https://NSIPS.NMCI.NAVY.MIL/) (UNDER 'USER INFORMATION'). FOR ADDITIONAL INFORMATION SEE YOUR PERMANENT CHANGE OF STATION ORDERS (PCS) TRAVEL INFORMATION DETAILS (SECTION).

IT IS THE **MEMBER'S RESPONSIBILITY** TO READ AND COMPLETE THEIR TRANSFER PACKAGE. **ENSURE THAT YOU FILL OUT AND COMPLETE THIS ENTIRE PACKAGE AND RETURN TO YOUR COMMAND FOR SUBMISSION TO PSD NAVAL STATION NORFOLK VA, via TOPS BY 4/28/2012.** FAILURE TO DO SO MAY CAUSE A DELAY IN PROCESSING YOUR TRANSFER PAPERWORK AND/OR CHANGE THE DATE YOU LIKE TO TRANSFER. **OVERSEA TRANSFERS, TRAVEL ARRANGEMENTS, NO-FEE PASSPORT APPLICATIONS, AND FAMILY ENTRY APPROVALS MUST BE CONDUCTED IN PERSON WITH PSD AS SOON AS TRANSFER PACKAGE IS RECEIVED.**

***IF YOUR TRANSFER DAY FALLS ON A WEEKEND OR HOLIDAY IT IS YOUR COMMANDS CPC RESPONSIBILITY TO PICK UP YOUR TRANSFER PACKAGE. PSD WILL NOT GIVE MEMBERS THEIR SERVICE RECORD UNTIL ACTUAL TRANSFER DAY.**

I HAVE READ AND UNDERSTAND THESE STANDARD OPERATING PROCEDURES FOR TRANSFERRING.

MEMBER'S SIGNATURE AND DATE

PERMANENT CHANGE OF STATION ORDERS NOTIFICATION

DATE

RATE/RATING	NAME (FIRST, MIDDLE, LAST)	TRANSFERRING COMMAND	UIC:
TRANSFER AUTHORITY BUPERS-	ULTIMATE ASSIGNMENT	TAKE-UP MONTH	

TEMPORARY DUTY STATION EN ROUTE AND PURPOSE, IF APPLICABLE: **REPORT NLT:**

NET:

Transfer directive period of transfer only. Member must complete Section "A" below. Section "B" only if applicable. Command transfer date approval required in section "C" and "D" below.

DAYS LEAVE AUTH	DAYS PROCEED TIME	DAYS TRAVEL TIME FOR POV TRAVEL: 00 AIR TRAVEL:	REQUIRED OBLIGATED SERVICE	SECURITY CLEARANCE REQUIRED:
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For Transfer questions please refer to your command CPC. The phone number for your assigned transfer clerk at PSD is (by last name):
 Clerks: **G-L 445-5187, --- 445-5285, A-F 445-5005, M-R 445-5182, S-Z 445-5719**

A. INDIVIDUAL CONCERNED COMPLETE SECTION "A" OF THIS FORM AND DELIVER TO YOUR DIVISION OFFICER.

DATE YOU REQ TRANS.	DAYS LEAVE DESIRED	IF LEAVE TO BE TAKEN, GIVE COMPLETE ADDRESS WHERE ANY MESSAGE WILL REACH YOU				
TELEPHONE NUMBER	HOW DO YOU PLAN TO TRAVEL POV/AIR	LICENSE NUMBER AND STATE OF REGISTRY, IF BY POV				
WILL HOUSEHOLD EFFECTS BE MOVED AT GOVERNMENT EXPENSE?	YES	NO	ADVANCE TRAVEL DESIRED? (If yes, must complete Travel Advance Request Form.) Member _____ AND/OR Dependents(s) _____	YES	NO	
				ADVANCE DISLOCATION ALLOWANCE (DLA) DESIRED? (If yes, must complete Travel Advance Request Form. Must also schedule Household Goods move.) Single _____ or Dependent(s) _____		
					TDY PER DIEM Advance Per diem at TDY will only be paid if TDY command does not have a servicing PSD in the geographical area. <u>Reservation is required- check in/out date, and amount per night.</u>	
WILL YOUR DEPENDENTS ACCOMPANY YOU ON TRANSFER?						
ADVANCE PAY DESIRED? COMPLETE DD FORM 2560 (NOTE: LOCAL TRFS ARE NOT ELIGIBLE FOR ADV PAY UNLESS MOVING HHG AT GOVT EXPENSE.)						

*****DUE TO PSD REQUIREMENTS, DETACHING COMMANDS ARE RESPONSIBLE FOR SUBMITTING ADVANCES. ADVANCES MUST BE SUBMITTED NO EARLIER THAN 30 DAYS AND NLT 3 DAYS PRIOR TO THE APPROVED DETACH DATE.

ADDITIONAL INFORMATION: **HIV/OPERATIONAL** screening is required. This PACKAGE and completed screening(s) must be returned NOT LATER THAN _____ to PSD NAVSTA via TOPS.

B. THE INFORMATION IN THIS SECTION IS REQUIRED FOR ALL ENLISTED TRANSFERS.

*To prevent transfer delays OBLISERV must be done prior to transfer. NOT ON DAY OF TRANSFER.

For current obligated service and extension policies see **NAVADMIN 242/09.

Current EAOS _____ Current OBLISERV for Orders required _____
MEMBER WILL REENLIST OR EXTEND THIS DATE: _____ **(MUST BE PRIOR TO TRANSFER)**

CONSUB PAY - to continue sub pay EXT needs to be done to take member out 18 months past PRD.

If exception to policy required submit approving documentation to PSD prior to transfer.

MEMBER HAS MET ALL OBLISERV REQUIREMENTS.

COMMAND CAREER COUNSELOR NAME & SIGNATURE: _____ **Date:** _____

I certify that the information provided by me on this form is true and correct. NAVPERS 7041/1 will be completed within 3 days of transfer.

(Member's Signature)

C. Forwarded Recommending approval.

 DIVISION OFFICER'S SIGNATURE AND PRINTED NAME
 DATE SIGNED: _____

D. DEPARTMENT HEAD/OIC/CO/CHIEF OF STAFF.

APPROVED TRANSFER DATE: _____

 APPROVING OFFICER'S SIGNATURE AND PRINTED NAME
 DATE SIGNED: _____

- * Per OPANAVINST 1000.23C, transfer packages must be returned to PSD within ten days of receipt.
- * Transfer packages will not be accepted on the day of transfer.
- * Do not hold transfer packages for completion of medical screening. Medical screening may be turned in separately.
- * The PCS Travel Information Sheet (NAVPERS 7041/1) must be completed via the member's Electronic Service Record within 30 days of receipt of orders.

Section I: THE INFORMATION IN THIS SECTION IS REQUIRED FOR ALL TRANSFERS (ENLISTED AND OFFICER)
You are required to verify your record of emergency data. **NAVPERS 1070/602 (Page 2) as soon as possible. A correct copy, dated with your signature is required for your transfer.**

MEMBERS
WORK PHONE: _____ EMAIL: _____ PERSONAL PHONE: _____ EMAIL: _____
CURRENT ADDRESS: _____
NEXT OF KIN NAME AND PHONE NUMBER _____
WILL YOU BE DOING A GOVERNMENT / DITY MOVE? Y / N TO WHERE: _____

THE FOLLOWING DEPENDENTS WILL ACCOMPANY ME ON THIS TRIP:
NAME (FULL) DOB RELATIONSHIP
CIVILIAN/MILITARY

POV INFORMATION: VEHICLE #1 VEHICLE #2
Year/make of vehicle _____
License plate number _____
State of registration _____
Name of driver _____

Section II: THE INFORMATION IN THIS SECTION IS REQUIRED FOR OVERSEAS TRANSFERS AND HAWAII (ENLISTED AND OFFICER)
(ALL OF SECTION III NEEDS TO BE COMPLETED IF GOING OVERSEAS) Failure will delay port call.

THE FOLLOWING DEPENDENTS WILL ACCOMPANY ME ON THIS TRIP:
NAME (FULL) RELATIONSHIP DATE OF BIRTH GRADES FOR CURRENT FY SSN NATIONALITY

Shipping POV? Y / N If yes, Ship from: _____ Ship to: _____
Storing POV? (Shipping not permitted) Y / N If yes, Storage Location: City: _____ State: _____

NOTE: must have storage authority letter from authorized storage facility upon submission of transfer package

Type of housing preference? Civilian / Government

Member and dependents have the appropriate no-fee passport(s) in possession? Y/N If yes, provide passport information for all travelers.

If no, start process ASAP. If in possession of tourist passport please provide passport information. **NO FEE PASSPORTS REQUESTED DATE:** _____

NAME	PASSPORT NUMBER	EXPIRATION DATE	VISA NUMBER	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Date you request to fly out from U.S: _____ Date Dependents will fly out from U.S: _____

Alternate routings for personal convenience may be requested. Any additional cost for indirect/personal travel above and beyond entitlements will be the member's responsibilities.

Date of travel From: (city and state) To: (city and state)

Are you shipping pets? Y / N (cats or dogs only) allowed on AMC flights

Pet #1 Breed: _____ "Cage width: _____ Length: _____ Height: _____" Total weight Cage + Pet _____ Lbs
Pet #2 Breed: _____ "Cage width: _____ Length: _____ Height: _____" Total weight Cage + Pet _____ Lbs

NOTE: Must have copy of rabies shot record upon submission of transfer package

DURING THE SUMMER MONTHS MEMBER WILL NEED TO SCHEDULE PET FLIGHTS WITH A PET CARRIER AIRLINE.

MEMORANDUM

9/14/2012

From: Staff Transfers, PERSUPPDET NAVSTA NORVA
To: Medical Officer, Naval Station, Norfolk VA

Subj: PHYSICAL/MEDICAL RECORD SCREENING REQUIREMENT ICO _____, USN,
XXX-XX-

Ref: (a) BUPERS-

- 1. To comply with Reference (a), the following information is required:
 - a. HIV TEST
 - b. Medical screening for PCS transfer
 - c. Other:

2. It is requested that you complete the first endorsement and return this memorandum to PSD Naval Station Norfolk prior to detach date. SNM's Transfer Month is _____.

FIRST ENDORSEMENT

DATE: _____

From: Medical Officer, Naval Station, Norfolk VA
To: Staff Transfers, PERSUPPDET NAVSTA NORVA

Subj: PHYSICAL/MEDICAL RECORD SCREENING REQUIREMENT ICO _____, USN,
XXX-XX-

- 1. The above named individual and/or record has been screened with the following information as required:
 - a. HIV test completed on _____ or blood drawn on _____.
 - b. Medical screening for PCS transfer was completed on _____.
 - c. Member is QUALIFIED / NOT QUALIFIED / N/A for OPERATIONAL/OVERSEAS duty.
 * **FEMALES: All females transferring to ships/carriers, pregnancy test must be done 30 days prior to transfer and results must be brought to PSD prior to transfer. Failure to provide lab results will delay your transfer.**
- 2. If member NOT qualified.
 - a. Can treatment be completed prior to transfer? YES / NO
 - b. Treatment will require a delay in transfer until _____.
 - c. Recommend orders cancelled? YES / NO

Signature of Medical Officer _____

Stamped/Printed Name, Rank, Title, Phone Number _____

CHECK-OUT SHEET
Officer in Charge Personnel Support Activity Detachment
1755 Powhatan St Rm 203 Norfolk, VA 23511

TRANSFER DATE: _____

NAME (Last, First, Middle):	RANK/RATE:	SOCIAL SECURITY NUMBER: (LAST 4 DIGITS)
CURRENT COMMAND:	CURRENT UIC:	COMMAND TRANSFERRING TO:
OFFICE	SIGNATURE/STAMP	DATE CHECKED OUT
1. MEDICAL		
2. DENTAL		
3. BEQ/BOQ OR HOUSING OFFICE (If applicable)		
4. COMMAND		
A. COMMAND PASS LIAISON REP (PLR)		
B. COMMAND URINALYSIS COORDINATOR		
C. COMMAND ADMIN		
D. COMMAND PRT COORDINATOR		
E. COMMAND CAREER COUNSELOR		
5. EDUCATIONAL SERVICE OFF. (ESO):RM 209 (E-6 AND BELOW ONLY)		
6. TRANSFER CLERK: PSD RM 203 PICK UP SERVICE RECORD, ORIGINAL ORDERS		

**TO CHECK OUT WITH PSD STAFF TRANSFERS –RM 203,
YOU MUST HAVE THE FOLLOWING ITEMS:**

1. This checkout sheet