DEPARTMENT OF THE NAVY
NAVY PAY AND PERSONNEL
SUPPORT CENTER
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NAVY PAY AND PERSONNEL SUPPORT CENTER INSTRUCTION 1000.1

From: Director, Navy Pay and Personnel Support Center, Norfolk

Subj: NAVY PAY AND PERSONNEL SUPPORT CENTER (NPPSC) COMMAND PAY/PERSONNEL ADMINISTRATIVE SUPPORT SYSTEM (PASS) COORDINATOR (CPC) GUIDE

Ref: (a) OPNAVINST 1000.23C

Encl: (1) NPPSC CPC Manual (March 2008)

1. Purpose. To publish a simplified Command PASS Coordinator (CPC) Manual as guidance for all CPCs.

2. Action. The CPC's principle duties will be to provide administration of military pay, personnel and passenger transportation functions within the scope of PASS per guidelines set forth in enclosure (1). This instruction does not supercede regulations, rules or policies in reference (a), but is published to provide assistance, and simplification of reference (a). This instruction should be disseminated to all CPCs.

4. Administration and Maintenance. NPPSC 141 is assigned responsibility for administration and maintenance of this instruction.

5. Forms. Forms referenced in this manual are listed in the Appendixes.

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Distribution: (NAVPAYPERSUPDENINST 5216.1)
Lists I and II

Ensure the submission of all documents are sent using TOPS

CPC HANDBOOK

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FORWARD

Congratulations! You have been assigned as your Command Pay/ Personnel Administrative Support System (PASS) Coordinator and are now an integral part of a very important team. As the CPC you are the "on-site" representative of PASS and how you perform this job will have a significant impact on the morale and welfare of your shipmates. As you can see you have a very important role.

Your appointment indicates that your command has confidence in your ability to represent the entire command in pay and personnel support procedures. You are a very important link in the chain of PASS Support.

It is our responsibility to provide the members of your command with pay, personnel, passenger transportation, educational services and other related support. It is your responsibility to ensure that the vital paperwork required providing support is properly completed and sent to the right people on time. As a team we will accomplish our mission and ensure that our customers are provided prompt, courteous and accurate service.

ABOUT THIS MANUAL

This manual is designed to acquaint you with the PASS system and your role as the CPC. It will describe the paperwork you will encounter, how to process it and what it accomplishes. Familiarity with this manual and the directives and manuals it references will increase your awareness, as well as your effectiveness as the CPC.

ABOUT THE PASS PROGRAM

The PASS program was created to provide consolidated military personnel and pay offices for all shore commands in a specific geographical Region. By consolidating personnel offices with military pay offices and official passenger transportation offices, customers are offered "one-stop shopping." Therefore, when you hear the term PASS Office or PSD, it simply means the Pay and Personnel Office.

Your role, as the CPC, is to work closely with your shipmates and PSD to ensure all aspects of pay and personnel support are accomplished. Through close liaison with your PSD, you will be kept informed of policy changes that impact on the pay, personnel and transportation entitlements of your shipmates, thereby greatly enhancing the quality of service we can all provide to our shipmates.

COMMAND PASS COORDINATOR (CPC)

- Each customer command will appoint in writing, at least one primary CPC and an alternate. **(FIGURES 1 & 2)** Letters of Designation are to be signed by Commanding Officer (CO), NOT by direction.
- A copy of the CPC appointment letters as well as members authorized to check-out service records for the command will be maintained by the servicing PSD Customer Service section.
- CPC letters of designation need to be updated when there is a change in CPC or at a minimum once a year.

CUSTOMER SERVICE SECTION

Customer Service processes the following pay and personnel documents:

- Basic Allowance for Housing (BAH)
- Page 2 and SGLI updates
- Leave
- Split Pay Option
- Meal Reimbursements
- MGIB Kicker
- Career Sea Pay
- Family Separation Allowance (R, S & T)
- Change citizenship (provide Pg 13 with required information. DO NOT photocopy certificate).
- Update warfare qualifications in NSIPS
- Monthly Good Conduct reports. CPC should also have command database.
- Service record accountability
- Timeliness/Accuracy and Audit report

Documents member can complete via MyPay account:

- Start/Stop/Change Allotments
- Change Direct Deposit
- Change State Tax
- Change withholding status for Federal/State Tax
- Thrift Savings Plan (TSP)
- Verify/print Leave and Earnings Statement (LES)
- Print W2 for filing taxes

ALLOTMENTS

REFERENCE(s): (a) DODFMR, Part 6
(b) DJMS PTG, Part 6

DOCUMENT(s) REQUIRED: (1) Authorization to Start, Stop or Change an Allotment for Active Duty (DD Form 2558). **(FIGURE 3)**
(2) Direct Deposit Form (SF 1199a). **(FIGURE 4)**
(3) Savings Bond Allotment Authorization (DD 2559). **(FIGURE 5)**

CPC RESPONSIBILITY

- Ensure member's request is complete, states clearly and precisely what the member wants, and is signed by the member.
- Note: A Special Power of Attorney (SPA) is acceptable to establish, change, or stop allotments. The SPA must explicitly state allotment authority, be current, and signed by the member.

- Since all allotments to financial institutions are transmitted through EFT, the ACH routing number for the financial institution must be provided in order to register the allotment.
- Ensure that the allotment request is received in PSD no later than the
- 17th of the month to start the deduction the following month. Example: DD 2558 (Start Allotment) received on 17 July, half of the deduction will be taken from the 15 August payday and the other half from the 1 September payday. A check (or DDS payment) will be sent to payee by DFAS-Cleveland on 1 September. If DD 2558 (Stop Allotment) is received on 17 July, the last check will be mailed on 1 August. In addition if a member elects for example start date of October 1 for effective date PSD will process the allotment start/stop/change for October.

PSD RESPONSIBILITY

- Verify application for completeness.
- Submit appropriate DJMS FID/ NSIPS entry.

BASIC ALLOWANCE FOR HOUSING

REFERENCE(s): (a) Joint Federal Travel Regulations Vol. 1, Chp. 10
(b) OPNAVINST 7220.12
(c) Current Military Pay Advisories.

DOCUMENT(s) REQUIRED: Fleet and Forces BAH NAVPERS 1070/613 (**FIGURE 6**)

BAH - Single Members E4 (> 4 years of service) and E5:

REFERENCE(s): (a) OPNAVINST 7220.12
(b) JFTR Vol. 1, Chp. 10

DOCUMENT(s) REQUIRED: (1) Approved request chit signed by CO and Stamped by CBH Officer.
(2) Must have signed Fleet Forces Afloat PG13 witnessed by competent authority.

ELIGIBILITY CRITERIA

All eligible members must meet ALL of the following criteria:

a. Must have a minimum of four years of service.
b. Must be at least pay grade E4 (no frocked E4's/E5's unless otherwise entitled are eligible).
c. Must have approved request chit from CO (only exception is if CO is unavailable in this case Acting CO may sign) - Acting CO must annotate on request chit.
d. Final Approval will be determined by Combined Bachelor Housing Officer.

* For member trying to receive Single BAH for zip codes other than local area, a PG13 entry stating that member is commuting on a daily basis to and from place of residence signed by the CO is required. Note: BAH will be based off of the permanent duty station not the location of residence.

** Commanding Officer is responsible for verification of member's residence.

*** The effective date for BAH will be based on CBH endorsement - No backdating.***

BAH - Single Member E4 Previously Based Ashore (Same Geographical Area)

REFERENCE(s): (a) OPNAVINST 7220.12, Encl (2) Para. 3-B

ELIGIBILITY CRITERIA

a. Must be E4 (not frocked).

DOCUMENT(s) REQUIRED: Must have signed Fleet Forces Afloat PG13 witnessed by competent authority.

** Commanding Officer is responsible for verification of member's residence.

BAH - Member Married to Member (Mil to Mil) Both at Sea

REFERENCE(s): (a) OPNAV 7220.12
(b) JFTR Vol. 1, Chp. 10

DOCUMENT(s) REQUIRED: (1) Updated Page 2 (NAVPERS 1070/602) Remarks Section must reflect Spouse's SSN, Duty Station and Branch of Service.
(2) Must have signed Fleet Forces Afloat PG13 witnessed by competent authority.

ELIGIBILITY CRITERIA

a. Any pay grade E5 and below.
b. No other dependents, this includes member who claim dependents solely for the purpose of child support payments.
c. Does not reside in Government Quarters.
d. Permanently assigned to a ship or afloat squadron. OPNAVINST 4650.17 identifies unusual Arduous Sea Duty commands for this entitlement)

*** E3 and below members whose spouse transfers to shore will lose there entitlement to single BAH.***

BAH - Single E6 and Above (Including Officers)

REFERENCE(s): (a) JFTR Vol. 1, Chp. 10

DOCUMENT(s) REQUIRED: Must have signed Fleet Forces Afloat PG13 witnessed by competent authority electing to not occupy government quarters.

ELIGIBILITY CRITERIA

a. Must be in pay grades E6 (not frocked) and above including officers.
b. Must not be occupying government quarters.

*** It is the responsibility of the Commanding Officer to verify member's residence.***

BAH - With Dependent (Spouse)/Initial

REFERENCE(s): (a) OPNAVINST 7220.12
(b) JFTR Vol. 1, Chp. 10

DOCUMENT(s) REQUIRED:
(1) Updated Page 2 (NAVPERS 1070/602) reflecting date of marriage and/or listing any other dependents.
(2) Must have signed Fleet Forces Afloat PG13 witnessed by competent authority.
(3) Fleet Forces/AIRPAC message for initially adding a spouse, the member must provide the following: Certified Official Marriage License (Notarized by the clerk of courts, Navy Legal can notarized document.

ELIGIBILITY CRITERIA

a. Any pay grade, spouse must not be armed forces member. If Spouse is prior service, date of entitlement will be next day after separation. DD214 is required.

Dependency determination is made by DFAS for dependents other than Spouse or Children* (DFAS-CL Secondary Dependency section will start/stop BAH for dependents other than Spouse/child).

BAH - Based on Dependent's Location

REFERENCE(s): (a) OPNAVINST 7220.12
(b) JFTR Vol. 1, Chp. 10

DOCUMENT(s) REQUIRED:
(1) Approved Request chit signed by CO.
(2) Updated Page 2 (NAVPERS 1070/602) reflecting date of marriage and/or listing any other dependents.
(3) Copy of Two Utility bills (i.e. water, electrical or landline based phone).
(4) Copy of Mortgage, Lease cited.
(5) Must have signed Fleet Forces Afloat PG13 witnessed by competent authority.

ELIGIBILITY CRITERIA

1. Any pay grade

Dependency determination is made by DFAS only of dependents other than Spouse or Children.

Must be signed by CO.

If Spouse is prior service date of entitlement will be date after separation if so copy of DD214 is required.

**** Verify for entitlement to CONUS Cola with Type 1 for dependent for applicable zip code.****

BAH Diff - Solely for purposes of Child Support Payments

REFERENCE(s): (a) OPNAVINST 7220.12
(b) JFTR Vol. 1, Chp. 10

DOCUMENT(s) REQUIRED:
(1) Updated Page 2 (NAVPERS 1070/602) reflecting date of birth of child, child support payment amount.
(2) Copy of Certified, Birth Certificate.
(3) Court memorandum/Divorce Decree showing member must provide support.
(4) Paternity Statement if member is not stated on Birth Certificate.
(5) Must have signed Fleet Forces Afloat PG13 witnessed by competent authority.

ELIGIBILITY CRITERIA

a. Any pay grade.
b. Occupies government quarters.
c. Child/Children were born out of wed-lock.
d. Amount of Child Support Payments must be equal to or greater than amount of BAH-DIFF.
e. Member must show proof of support. Allotment, Garnishment, Cancelled Checks/Money orders.

*** Member will not be entitled to Family Separation Allowance under this entitlement.***

BAH With Dependent (Child) for Purposes of Child Support - Grandfathered

REFERENCE(s): (a) OPNAVINST 7220.12, Encl (1)

DOCUMENT(s) REQUIRED:
(1) Updated Page 2(NAVPERS 1070/602) reflecting date of birth of child, child support payment amount.
(2) Copy of Certified Certificate of Birth.
(3) Court memorandum/Divorce Decree showing member must provide support.
(4) Paternity Statement if Member is not stated on Certificate of Birth.
(5) Must have signed Fleet Forces Afloat PG13 witnessed by competent authority.

ELIGIBILITY CRITERIA

a. Any Pay grade E4 > 4 years of service and above eligible to receive BAH Single
b. Must meet **ELIGIBILITY CRITERIA** for BAH-Diff stated above.

*** Member will not be entitled to Family Separation Allowance under this entitlement.***

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

REFERENCE(s): (a) MILPERSMAN 1070-270

DOCUMENT(s) REQUIRED:
(1) Marriage Certificate.
(2) Birth Certificate.
(3) Divorce Decree.
(4) Paternity Statement (male members only).
(5) Adoption papers.
(6) Fleet and Forces BAH Page 13.

The Dependency Data shall be verified and updated (if necessary) by each member on active duty upon:

- Detaching/reporting on PCS orders.
- Prior to unit deployment/patrols.
- Gain/loss of a family member (marriage, divorce, birth, death, dependent child over 21, etc.)
- Change of Address

CPC RESPONSIBILITY

▪ Advise members of the paramount importance of updating the Page 2. It is the member's responsibility to ensure information is complete, correct and accurate and to provide required documents.

PSD RESPONSIBILITY

- Verify information provided by CPC.
- Enter/Update Dependency Data File onto NSIPS forward completed Page 2 back
- to CPC for member's signature.
- Prepare other related documents as appropriate, i.e., start BAH, etc.
- Mail original page 2 to NAVPERS.

SECONDARY DEPENDENT APPLICATION

REFERENCE(s): (a) Secondary Dependent Users Guide
(b) Military Pay Advisory 63/07

DOCUMENT(s) REQUIRED:
(1) NAVPERS 1070/602
(2) DD 137-3 Dependency Statement - Parent **FIGURE 7**
(3) DD 137-7 Dependency Statement - Ward **FIGURE 8**

CPC RESPONSIBILITY

- Have member update NAVPERS 1070/602 and ensure DD Form 137-3/7 is
- completely filled out and notarized.
- Forward Secondary Dependency Application to PSD.

PSD RESPONSIBILITY

- Mail application to DFAS-CL Code PMMCCB.
- File application below current NAVPERS 1070/602 in the members service record.

NOTE: Member's entitlements will not be processed by PSD. DFAS-CL will process entitlements upon approval.

Secondary Dependency Guide is located at the following website:

WWW.NPC.NAVY.MIL/COMMANDSUPPORT/PAYPERSSUPPORT/IDCARDS/BENEFITS.HTM

ELECTRONIC FUNDS TRANSFER (EFT)

REFERENCE(s): (a) SECNAVINST 7200.17D
(b) DJMS PTG Part 4 Chp. 3

DOCUMENT(s) REQUIRED: SF 1199A, Direct Deposit Sign-Up Form **FIGURE 4**

CPC RESPONSIBILITY

- Submit SF 1199A to PSD.

PSD RESPONSIBILITY

- Prepare FID/NSIPS event.

ENLISTED EVALUATIONS

REFERENCE(s): (a) BUPERSINST 1610.10

DOCUMENT(s) REQUIRED: (1) Fitness Report and Counseling Record (E7 - O6) NAVPERS 1616/26 (03-02)
(2) Evaluation Report and Counseling Record (E1 - E6) NAVPERS 1616/26
(3) NAVPERS 1070/613 Entry for adverse report (if applicable)

CPC RESPONSIBILITY

- Ensure all information on evaluations, especially blocks 1 through 26, is correct.
- Ensure the period of report in blocks 14 and 15 maintain continuity and do not overlap with the date of the previous evaluation. Special evaluations must maintain regular report continuity. However, the regular reporting senior, as concurrent/regular, may endorse concurrent reports, which then become the regular report and may overlap a previous report. The next regular report will begin on the day following the concurrent/regular report. Refer to the instruction on report continuity and special requirements in cases of concurrent and special reports.

FOR ADVERSE EVALUATIONS

- A performance evaluation report containing adverse comments is referred to the member for a statement before it is placed in the official record. Obtain member's signature and election to make or not to make a statement. Forward copies of evaluation, member's statement and command transmittal letter to the PSD for record entry. Transmit original E5 and above evaluations to CHNAVPERS (PERS-322).

- **ALL OTHERS**

- Complete and forward service record copy to PSD within three working days after submission of the BUPERS copies.

PSD RESPONSIBILITY

- Evaluations are forwarded to the service record vault for filing.

FAMILY SEPARATION ALLOWANCE (FSA)

REFERENCE(s): DODFMR, Vol. 7A, Chp. 27

DOCUMENT(s) REQUIRED: (1) DD 1561 (Statement to Substantiate Payment of Family
(2) Separation Allowance **FIGURE 9**

Member Responsibilities

- Verify Dependency Application/Record of Emergency Data (NAVPERS 1070/602) (Page 2) is up to date.
- Complete DD 1561. **FIGURE 9**
- Complete Travel Voucher (DD Form 1351-2), if applicable for FSA-T.

CPC RESPONSIBILITY

- Assist member in verifying Page 2
- Forward the following to PSD

a. Copy of TAD or PCS Orders
b. DD 1351-2
c. DD 1561

PSD RESPONSIBILITY

- Verify FSA entitlement
- Complete appropriate pay system entry and submit to DFAS. FSA will become effective on the 31st day of separation, retroactive to first day member was separated from family.

GOOD CONDUCT AWARDS

REFERENCE(s): (a) SECNAVINST 1650.1F

CPC RESPONSIBILITY

- Verify NSIPS award eligibility list, provide PSD confirmation of personnel GCA eligibility in memorandum format.

Prepare and sign Good Conduct Award Certificate(s).

PSD RESPONSIBILITY

- PSD will forward customer command a list from NSIPS containing GCA eligibility to CPC for verification. This list will be provided to CPC on a monthly basis.
- For newly reported personnel, Receipts Section will verify good conduct award eligibility date from service record during receipt/check-in processing. Enter GCA eligibility date into NSIPS.
- Update Page 4 service record entry.

LEAVE

REFERENCE(s): (a) MILPERSMAN 1050-090
(b) DJMS Procedures Training Guide
(c) NAVADMIN 324/06

DOCUMENT(s) REQUIRED: Leave Request/Authorization

CPC RESPONSIBILITY

- Verify all blocks of the leave request for completion and accuracy.
- Forward leave request once approved to PSD per NAVADMIN 324/06

NOTE: Convalescent leave can only be processed after returning. Leave papers MUST be submitted to PSD immediately after approval of leave or assignment of LAN NO LATER THAN DAY PRIOR TO LEAVE COMMENCE. Members don't always take the entire amount of leave requested. If a member does not take the entire period of leave requested or cancels leave CPC will forward a memorandum to PSD to correct/cancel leave.

PSD RESPONSIBILITY

- Ensure all leave taken is charged correctly to members leave account.

MATERNITY CLOTHING ALLOWANCE

REFERENCE(s): (a) DODFMR, Vol. 7A, Chp. 29, Table 29-7
(b) DJMS PTG Part 3, Chp. 5

DOCUMENT(s) REQUIRED: (1) Doctor's Confirmation of Pregnancy
(2) Special Request Chit
(3) Page 13

CPC RESPONSIBILITY

- Forward confirmation of pregnancy and approved request chit to PSD.
- Type NAVPERS 1070/613 indicating date of payment of the maternity allowance and submit to PSD for filing into the service record.

PSD RESPONSIBILITY

- Submit FID 61 for maternity clothing allowance for central payment by DFAS.

MILITARY DECORATIONS

REFERENCE(s): (a) SECNAVINST 1650.1F (Awards Manual)
(b) Applicable SECNAV 1650 Notices

DOCUMENT(s) REQUIRED: Award Citation

CPC RESPONSIBILITY

- Forward a copy of the presentation letter and/or citation to PSD for filing into the service record.

PSD RESPONSIBILITY

- Make Page 4 entry.
- File a copy of the citation and/or letter in the service record. For personal awards (i. e. NAM, NCM), the awarding authority must submit the award to NAVPERS for ESR update.

MISSED MEAL CREDIT WHILE TEMPORARY DUTY (TDY/TAD)

REFERENCE(s): DJMS PTG Part 3 Chp. 1 Para. 30109

DOCUMENT(s) REQUIRED: TAD/TDY orders (Endorsed detached and reporting)

CPC RESPONSIBILITY

Verify for completeness and forward TAD/TDY orders via TOPS to PSD

PSD RESPONSIBILITY

Submit PI03 or DN02 and transmit to DFAS. If member is TAD over 30 days and not required to stand duty onboard the ship, sea pay will be stopped on the 31st day after beginning of TAD/TDY.

MONTGOMERY GI BILL KICKER (ADDITIONAL)

REFERENCE(s): (a) OPNAVINST 1780.2A

DOCUMENT(s) REQUIRED: DD Form 2366-1. **FIGURE 10**

CPC RESPONSIBILITY

- Ensure members who are entitled are made aware of their educational
- benefits and procedures for obtaining these benefits.
- Refer personnel to Navy Campus for educational counseling services.
- Assist member in completing DD Form 2366 (Veterans Educational Assistance
- Act of 1984 (GI Bill)).
- Forward completed DD Form 2366 to PSD.

PSD RESPONSIBILITY

- Submit FID document.

NAME CHANGE APPLICATION

REFERENCE(s): (a) MILPERSMAN 1000-130

DOCUMENT(s) REQUIRED: Document to support reason for name change, i.e., marriage certificate, divorce decree, birth certificate, court document, etc.

CPC RESPONSIBILITY

- Type letter with Commanding Officer's endorsement and mail to BUPERS (PERS-312). Requests for name change must be forwarded to the Bureau of Naval Personnel (BUPERS) via the member's Commanding Officer and shall be accompanied by a photocopy of one of the following documents, whichever is applicable.

a. Marriage certificate.
b. Final divorce decree containing provision for restoration of maiden name.
c. Court order authorizing name change.
d. Birth certificate registered prior to first entry into Naval service (refer to reference for other documents which may be used in lieu of an available birth certificate).

- Upon receipt of correspondence approving name change, deliver copy to PSD, medical and dental.
- Advise member of the need to complete SSA 7008, Request for Correction of Earning and Record, and submit to the Social Security Administration to ensure recording of Federal Insurance Compensation Act (FICA) Wage credit deductions. This form is available from any Social Security Administration office.

PSD RESPONSIBILITY

- Upon receipt of the DD 1343, Notification of Change in Service Member's Official Records, effect name change in the service record and the Check it out database.

NAVY CASH NEGATIVE BALANCE SOP

REFERENCE(s): (a) NC SOP Ver 1.09 Chp. 8 Disbursing.doc 8-86 16-Jan-04
(b) DD Form-2887

DOCUMENT(s) REQUIRED: (1) DD139 **FIGURE 11**
(2) SPO Form **FIGURE 12**

CPC RESPONSIBILITY

- For members currently onboard, CPC will forward PSD Afloat a SPO Form signed by the member to start/change SPO on MMPA or DD139 including a copy of the Negative Balance Report.
- For members who are transferring or who have transferred, PLR will submit a DD139 and Navy Cash Negative Balance report to PSD Afloat.

PSD RESPONSIBILITY

- Upon receipt of SPO form or DD139 PSD Afloat will process DS01 or HM01/HM04. PSD Afloat will not process any requests for SPO (HM01/HM04) to recoup negative balances without the member's written consent.
- Navy Cash negative balances can only be deducted via a DS01 for the exact face vale of the debt without the member's written consent per DD Form-2887 and NC SOP Ver 1.09 Chp. 8.

SERVICE RECORD ENTRIES - PAGE 4

REFERENCE(s): (a) MILPERSMAN 1070-280
(b) NEC Manual
(c) SECNAV 1650 Notices

DOCUMENT(s) REQUIRED: (1) Course/School Completion Forms
(2) Copy of Award Letter/Citation

CPC RESPONSIBILITY

- Forward appropriate forms/certificates to PSD

- **NOTE:** PQS for Shipboard members - Page 4 entries for PQS (example 3M, Basic Fire Fighting, Standard Shipboard Qualification,) will be completed by the CPC in the ships RADM or other database program. The CPC will provide a copy to the member for filing in the service record when they transfer and/or separate.

PSD RESPONSIBILITY

- Complete all appropriate service record entries.

SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI)/FSGLI

REFERENCE(s): U.S. Code, Title 38, Part II, Chp. 19, Subchapter III
DODFMR, Vol. 7A, Chp. 47 MILPERSMAN 1741-020

DOCUMENT(s) REQUIRED: (1) SGLV 8286 **FIGURE 13**
(2) SGLV 8285 **FIGURE 14**
(3) SGLV 8286A **FIGURE 15**

MEMBER RESPONSIBILITY

- Verify and update SGLI beneficiary upon marriage, divorce, when a child is born, if a family member dies, or if you are transferring from or reporting to a command.
- To increase coverage from a previous elected reduced or declined amount, fill out a new SGLV 8286 and forward it to PSD via your CPC.
- If restoring SGLI or increasing the amount of coverage, complete a Request for Insurance (SGLV 8285) (this is a different SGLV form) and forward it to PSD via the CPC.
- Member married to military members must update DEERS identifying each other as spouses for FSGLI purposes.
- Complete SGLV 8286A to decline FSGLI.

CPC RESPONSIBILITY

- Ensure members are aware of the importance of SGLI beneficiary designations and encourage them to review and update both their SGLI election and Page 2 immediately upon marriage or divorce; when a child is born; if a family member dies; or when transferring from or reporting to a command.
- Deliver SGLV 8286 to PSD.

PSD RESPONSIBILITY

- Assist member in completing SGLV 8286 and SGLV 8285, if necessary. If a member designates friend and/or elects to reduce or decline coverage, prepare Administrative Remarks (NAVPERS 1070/613)(Page 13) as required.
- Verify SGLV 8286 and/or SGLV 8285 for correctness and distribute as required.
- Complete pay system entry to increase/decrease amount deducted from monthly pay, if applicable.

SPLIT PAY OPTION

REFERENCE(s): (a) DJMS-PTG Part 4 Chp. 4 Para 40401

DOCUMENT(s) REQUIRED: SPO Form FIGURE 12

CPC RESPONSIBILITY

- Verify SPO for completeness and accuracy. Ensure member has enough available funds (net pay) for split pay.

PSD RESPONSIBILITY

- Verify SPO and process via DMO/NSIPS

SPLIT PAY OPTION EMBARKED PERSONNEL

REFERENCE(s): (a) DJMS-PTG Part 4 Chp. 4 Para 40401

COMMAND CPC RESPONSIBILITY

- Advise Detachment/Embarked OIC/CPOIC that SPO Election Forms MUST be submitted to Parent PSD (PSD that services the Pay Accounts of the Embarked Members)) via the Command CPC.

DETACHMENT/EMBARKED OIC/CPOIC

- Verify SPO Election Forms for completeness and accuracy. Advise the member of the requirement to have enough available funds (net pay) to participate in split pay.
- Submit SPO Election Forms to Command CPC for forwarding to the Parent PSD for processing.

PSD RESPONSIBILITY

- Liaison with the Detachment/Embarked OIC/CPOIC in order to receive and process the SPO Elections and other required transactions.
- Upon receipt of SPO form request, submit LG04 (to change the assigned UIC of the member to the ship's UIC) ONLY for members electing to participate in SPO.
- Once LG is posted, submit HM01 (SPO Start FID) to DFAS.
- Upon notification from Command CPC that the mbr(s) have returned from deployment/TAD, notify the PSD (Afloat) that the member(s) have returned and the LD02 Event is required.
- Submit a LG04 to change the mbr's temporarily assigned UIC back to member's Command UIC)

PSD (AFLOAT) RESPONSIBILITY

- Process a LD01 Transaction for only those SPO participants of the Embarked Detachment/Unit. The LD01 will be processed to change the servicing ADSN from the Parent PSD to the ADSN of the Detachment that will be temporarily servicing the member's pay account.
- Upon notification from the CPC that the member(s) have returned from deployment/TAD, submit LD02 to change the ADSN back to the Parent PSD.

NOTE: It is the responsibility of the Parent PSD to make sure that LG04 (returned to member actual UIC) is submitted upon member's return from deployment/TAD. For embarked commands with PS support, coordinate with

Parent PSD for procedures delineated above. ALL pay and personnel support MUST be coordinated/processed with Parent PSD.

STATE OF LEGAL RESIDENCE CHANGES

REFERENCE(s): (a) DODFMR V7A Chp. 44, DJMS-PTG Part 7 Chp. 1 Sec F

DOCUMENT(s) REQUIRED: (1) DD Form 2058 **FIGURE 16**
(2) DD Form 2058-1 **FIGURE 17**

CPC RESPONSIBILITY

- Provide DD Form 2058 to member upon request.
- Ensure the form is complete and correct and forward to PSD.

PSD RESPONSIBILITY

- Prepare the appropriate transaction and submit to DFAS.

THRIFT SAVINGS PLAN (TSP)

REFERENCE(s): (a) Public Law 106-398 TSP Web site

DOCUMENT(s) REQUIRED: TSP-U-1 **FIGURE 18**

CPC RESPONSIBILITY

- Assist member in establishing MyPay account, if necessary.
- If member is unable to access MyPay account, give him/her Form TSP-U-1.
- Ensure the form is properly completed.
- Deliver or mail Form TSP-U-1 to PSD. An original signature is required to process the form.

PSD RESPONSIBILITY

- Submit pay system entry to start, stop, change, or cancel a member's TSP contribution for submission to DFAS.

DISPOSITION OF SERVICE RECORD - DECEASED MEMBER

REFERENCE(s): (a) MILPERSMAN 1070-130
(b) MILPERSMAN 1770-030

CPC RESPONSIBILTIES

- CACO will provide PSD a copy of designation letter for transfer of service record into their custody.
- Upon notification of death, the designated Casualty Assistant Call.
- Officer(CACO) will check-out the service record from the servicing PSD and close out the record per references A and B.

PSD RESPONSIBILITIES

- PSD will check-out service record to CACO and remove member from check-in/out database.

Command Letterhead

1000
CPC
DATE

From: Commanding Officer, _____
To: Officer in Charge, _____

Subj: DESIGNATION AS COMMAND PASS COORDINATOR (CPC)

Ref: (a) OPNAVINST 1000.23C

1. Per reference (a), the following information is provided for the command's CPC:

CPC PRIMARY:
Contact Number:
Military e-mail address:

_____
(Sample Signature)

CPC ALTERNATE:
Contact Number:
Military e-mail address:

_____
(Sample Signature)

COMMAND Phone #:
Message PLAD: _____

SIGNATURE

FIGURE 1

Command Letterhead

1000
CPC
Date

From: Commanding Officer, _____
To: Officer in Charge, _____

Subj: AUTHORIZATION TO CHECK OUT/PICK UP SERVICE RECORDS

1. The personnel listed below are authorized to check-out service records for UIC/UICs: _____

RATE/NAME	SSN
_____	_____
_____	_____
_____	_____

2. The personnel listed below are authorized to review service records only for the above UIC/UICs: _____

RATE/NAME	SSN
_____	_____
_____	_____
_____	_____

3. Point of contact for the following subject is:

_____
Name and Telephone Number)

4. This letter supersedes all previous letters of the same subject.

Service Record Check-Out:

- Only those personnel designated in writing by the command are allowed to check-in and check-out service records.
- A maximum of 10 service records can be checked out to each authorized person at one time.
- Records can be checked-out for a maximum of 10 days.
- All copies of service records should be in a command drive/file or have been copied to a Compact Disc. All requests for any copies from the member's service record will be done by the CPC. If you do not have the information requested in your command files, a TOPS request will need to be submitted. DO NOT send the members to NPPSC to request copies from their record.

SIGNATURE

FIGURE 2

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 701, E.O. 9397.

PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.

TO BE COMPLETED BY ALLOTTER

1. BRANCH OF SERVICE *(X one)* ☐ AIR FORCE ☐ MARINE CORPS ☐ ARMY ☐ NAVY	2. NAME OF ALLOTTER *(Last, First, Middle Initial) (Print or type)*	3. SSN	4. PAY GRADE
5. ADDRESS OF ALLOTTER *(Street or Box Number, City, State, ZIP Code)*	6. DAYTIME TELEPHONE NUMBER *(Include Area Code)*	7. EFFECTIVE DATE *(YYYYMM)*	8. MONTHLY AMOUNT OF ALLOTMENT $
9. NAME OF ALLOTTEE *(First, Middle Initial, Last)*	10. ALLOTMENT ACTION *(X one)* ☐ START ☐ STOP ☐ CHANGE		11. TERM IN MONTHS
12. CREDIT LINE *(If applicable)*	13. ALLOTMENT CLASS AUTHORIZED *(X one)*		
14. ALLOTTEE'S MAILING ADDRESS *(Street or Box Number, City, State, ZIP Code)*	☐ C - CHARITY/CFC ☐ D - DISCRETIONARY ALLOTMENTS *(Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2))* ☐ F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION ☐ L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION *(Red Cross, Relief Society, etc. - Navy and Marine Corps only)*		
15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS *(Province, Country)*	☐ N - NSLI OR USGLI INSURANCE PREMIUM ☐ T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/ EMPLOYMENT TAXES		
16. REMARKS	☐ - OTHER *(Specify)*		
17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER	18. ACCOUNT NUMBER/POLICY NUMBER	☐ CHECKING ☐ SAVINGS	
	19. TOTAL CLASS L AMOUNT $	20. TOTAL CLASS T AMOUNT $	

STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- **Ensuring** that the information is correct;
- **Reviewing** my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- **Collecting** overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- **Contacting** the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

21. SIGNATURE OF ALLOTTER	22. DATE *(YYYYMMDD)*

NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.

NOTE 2. This is a voluntary allotment and can be to any payee you desire.

DD FORM 2558, SEP 2002 PREVIOUS EDITION IS OBSOLETE. Adobe Professional 7.0

FIGURE 3

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY STATE ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER

Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire.
- ☐ Mil. Survivor
- ☐ Other _____ *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE DATE

SIGNATURE DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE DATE

SIGNATURE DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME

GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-207
Designed using Perform Pro, WHS/DIOR, Mar 97

FIGURE 4

SAVINGS BOND ALLOTMENT AUTHORIZATION/ACTIVE DUTY OR RETIRED PAY

(Complete a separate form for each bond action.)

Privacy Act Statement

AUTHORITY: 37 U.S.C. 101 et seq; E.O. 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: To permit starts, changes, or stops to bond allotments. To maintain a record of bond allotments and ensure starts, changes, and stops are in keeping with member's desires.

ROUTINE USES: Information may be disclosed to Congress; allottees; Secret Service; General Accounting Office; Federal, State, and local courts; U.S. Treasury; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the SSN may result in the member not being able to start, change, or stop bond allotments. The furnishing of SSNs is required by the regulations governing savings bonds, Department of Treasury Circular, Public Debt Series No. 3-80 (31 CFR 353). The numbers are used to maintain ownership records of the bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the required information may prevent completion of the transaction.

PART A. TO BE COMPLETED BY ALLOTTER

1. ALLOTTER'S NAME *(Last, First, Middle Initial)*	2. SOCIAL SECURITY NO.	3. GRADE *(AD only)*

4. ALLOTMENT ACTION *(X one)*	5. EFFECTIVE DATE *(YYMM)*	6. AMOUNT TO BE ALLOTTED EACH MONTH $	7. NUMBER OF MONTHS
☐ a. Start ☐ b. Stop ☐ c. Change			

8. BOND DENOMINATION *(X one)*

☐	a. $100	☐	b. $200
☐	c. $500	☐	d. $1000

9. MAIL BOND TO *(X one)*

☐	A Owner	☐	B Co-Owner/Beneficiary
☐	C Third Party	☐	D Hold in Safekeeping *(Only for Active Duty Bond Owners)*

10. OWNERSHIP CODES *(X one)*

	Owner	Co-Owner	Beneficiary
☐	1 Allotter	Nonallotter	None
☐	2 Allotter	None	Nonallotter
☐	3 Allotter	None	None
☐	4 Nonallotter	Allotter	None
☐	5 Nonallotter	None	Allotter
☐	6 Nonallotter	Nonallotter	None
☐	7 Nonallotter	None	Nonallotter
☐	8 Nonallotter	None	None

PART B. BOND INSCRIPTION INFORMATION

11. BOND OWNER

a. Name *(First, Middle Initial, Last)*	b. Social Security No.

12. *(X one if applicable)* ☐ **CO-OWNER** ☐ **BENEFICIARY**

a. Name *(First, Middle Initial, Last)*	b. Social Security No.

13. THIRD PARTY *(If bond is mailed to a third party)*

a. Name *(First, Middle Initial, Last)*	b. Mailing Address *(Street, Unit, etc.)*

c. City	d. State	e. ZIP Code	f. Foreign City, Province, Country	g. Country Code

14. I hereby authorize the foregoing allotment from my pay with the understanding that U.S. Savings Bonds will be issued as requested. This authorization is to remain in effect until cancelled by me in writing.

a. Signature of Allotter	b. Date *(YYMMDD)*

DD Form 2559, MAR 90

FIGURE 5

NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

PSD AFLOAT WEST

BAH DEPENDENTS AT DEPENDENTS LOCATION:

_____: I ( ) hereby understand that my eligibility of BAH at dependents location requires Commanding Officer's approval. The request chit with the CO's endorsement must be on file in my service record. I understand I must provide original supporting documents to validate entitlement for BAH Dependents Location. I further understand that if there is a change in dependent's address or dependency status (marriage, divorce, death or birth) that I must immediately notify the Personnel Officer and update my NAVPERS 1070/602.

I also certify that the address shown below is the primary residence of my dependents.

[illegible] ATIONS: I certify that I have read and fully understood the Early Return of Dependents (ERD) policy [illegible] paragraph U10207.

BAH DEPENDENTS AT PDS LOCATION:

_____: I ( ) hereby understand that my eligibility of BAH with dependents is based upon the dependents listed on my NAVPERS 1070/602. I further understand that if there is a change in dependency status (marriage, divorce, death or birth), dependent's address and/or assignment to government quarters that I must immediately notify the Personnel Officer and update my NAVPERS 1070/602.

I also certify that the address shown below is the primary residence of my dependents.

BAH SINGLE (E4 over 4 years, E5, E6 and above, military married to military: E5 and below both simultaneously assigned to sea duty):

_____: I ( ) hereby reaffirm my request for Single BAH in lieu of assignment to government quarters and understand that I must have a commercial residence in the vicinity of the homeport. If I am an E4 or E5, I understand that my eligibility requires the Commanding Officer and CBH Director's final approval. The request chit with the CO's/CBH Director's endorsement must be on file in my service record. I further certify that I must maintain the address shown below during a deployment in order to maintain continuous entitlement to BAH Single. I also understand that it is my responsibility to report any change to my living arrangements and if applicable the status of my military spouse to the Personnel Officer.

I also certify that the address shown below is also the same address listed on the Command Recall Bill.

ADDRESS AND FIRST NAME/RELATIONSHIP OF DEPENDENTS

ADDRESS:

_____

_____

FIRST NAME/RELATIONSHIP _____

FIRST NAME/RELATIONSHIP _____

Any member who submits a claim for BAH which contains a false statement may be subject to a disciplinary action for violation of the UCMJ and/or administrative action, including processing for administrative separation. In addition, fraudulent acceptance of benefits may cause a civilian recipient to be subject to criminal prosecution. The law provides for severe penalties of imprisonment and a fine. For military personnel, it can include dishonorable discharge, total forfeitures and confinement. You are required to ensure your Page 2 is accurate and that changes in dependent status (marriage, birth, divorce, separation or death) or location, are immediately reported to the chain of command and your servicing Personnel Support Detachment (Ship or PSD Afloat).

_____ _____

MEMBER SIGNATURE DATE

NAME, RATE
PERSOFF BYDIRCO

NAME (Last, First Middle	SSN	

13

FIGURE 6

DEPENDENCY STATEMENT - PARENT	CONTROL NUMBER	OMB No. 0730-0014 OMB approval expires Sep 30, 2007

The public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0730-0014). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9397, November 1943; 37 U.S.C. Chapter 7; 10 U.S.C. Chapter 55; and Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A, Military Pay Policy and Procedures - Active Duty and Reserve Duty.

PRINCIPAL PURPOSE(S): The information provided on this form will be used to determine the relationship and dependency of an individual on the military member, for entitlement of authorized benefits.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service (IRS) for tax purposes, and the Department of Veterans Affairs (DOVA) regarding DOVA compensation. Other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as ppublished in the Federal Register.

DISCLOSURE: Voluntary; however, failure to provide this information will result in a suspension of the dependent entitlement until the military member provides the required certification.

INSTRUCTIONS

The member must complete Items 1 and 2, and sign and date the form. Parent or parent(s) representative (if parent is unable to complete the form due to health or physical disability) must complete Items 3 through 12, sign and date the form, and have the form notarized. If a representative completes the form for the parent(s), include in the Remarks section the name of the individual, the relationship, and the reason the form was not completed by parent(s). If the member is deceased, information furnished must reflect the 12 months prior to member's death.

NOTES: Answer all questions. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Use the Remarks section when required. Incomplete answers will delay final action on the application. Verification of all income is required. Proof of member's contribution is required when applying for Basic Allowance for Housing (BAH). Parent must be more than 50% dependent upon member.

1. ENTITLEMENTS REQUESTED *(X and complete as applicable)*

a. TYPE	b. FIRST APPLICATION?	c. LAST APPLICATION WAS
☐ BAH ☐ USIP CARD ☐ TRAVEL ALLOWANCE	☐ YES *(If No, give date of last application)* ☐ NO *(YYYYMMDD)* _____	☐ APPROVED ☐ DISAPPROVED

2. MEMBER INFORMATION

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. RANK

d. STATUS *(X and complete as applicable)*

☐ ACTIVE DUTY ☐ NATIONAL GUARD ☐ ARMY ☐ NAVY ☐ DECEASED *(Date of death) (YYYYMMDD)* _____
☐ RETIRED ☐ RESERVE ☐ MARINE CORPS ☐ AIR FORCE ☐ OTHER *(Specify)*

e. COMPLETE RESIDENCE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

f. COMPLETE MILITARY ADDRESS *(Include assignment: squadron and base)*

g. TELEPHONE NUMBERS *(Include DSN or Area Code)*		h. E-MAIL ADDRESS	i. MARITAL STATUS *(X one)*
(1) WORK	(2) HOME		☐ SINGLE ☐ SEPARATED ☐ WIDOWED ☐ MARRIED ☐ DIVORCED

3. PARENT(S) INFORMATION

a. (1) NAME *(Last, First, Middle Initial)*		b. (1) NAME *(Last, First, Middle Initial)*	
(2) SSN	(3) DATE OF BIRTH *(YYYYMMDD)*	(2) SSN	(3) DATE OF BIRTH *(YYYYMMDD)*
(4) RELATIONSHIP		(4) RELATIONSHIP	

FIGURE 7

3. PARENT(S) INFORMATION *(Continued)*

a. (5) COMPLETE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*	b. (5) COMPLETE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*
(6) TELEPHONE NUMBER *(Include Area Code)*	(6) TELEPHONE NUMBER *(Include Area Code)*
(7) PRESENT OCCUPATION OR BUSINESS	(7) PRESENT OCCUPATION OR BUSINESS
(8) NAME AND ADDRESS OF EMPLOYER *(If unemployed, state reason, date unemployment began, and date employment is expected to resume.)*	(8) NAME AND ADDRESS OF EMPLOYER *(If unemployed, state reason, date unemployment began, and date employment is expected to resume.)*

c. MARITAL STATUS *(X one)*

- ☐ MARRIED
- ☐ SINGLE
- ☐ WIDOWED
- ☐ DIVORCED
- ☐ LIVING APART UNDER LEGAL SEPARATION

d. IF SPOUSE IS DECEASED OR LEGALLY SEPARATED FROM PARENT, GIVE DATE OF DEATH, DIVORCE, OR SEPARATION *(YYYYMMDD)*

e. IF PARENT AND SPOUSE LIVE APART OR SPOUSE DOES NOT SUPPORT PARENT, GIVE REASON:

f. CHILDREN *(List all parent's living children regardless of age. Show the average monthly contribution to parent from each child. Continue in Remarks section if more space is needed.)*

(1) NAME *(Last, First, Middle Initial)*	(2) SSN *(Service Members Only)*	(3) BRANCH OF SERVICE *(If on Active Duty)*	(4) MONTHLY CONTRIBUTION TO PARENT

g. DOES ANY OTHER CHILD CLAIM PARENT FOR BAH, TRAVEL ALLOWANCE, OR USIP CARD? *(If Yes, give child's name, SSN, and branch of service.)*

- ☐ YES
- ☐ NO

4. PARENT'S RESIDENCE

a. TYPE OF RESIDENCE *(X and complete as applicable)*

- ☐ HOME OR APARTMENT OF PARENT
- ☐ HOME OR APARTMENT OF MEMBER *(Date began residing with member)* _____
- ☐ HOME OR APARTMENT OF FRIEND OR RELATIVE *(State relationship)* _____
- ☐ HOSPITAL OR INSTITUTION
- ☐ OTHER *(Explain)* _____

b. OWNER OF RESIDENCE

(1) NAME *(Last, First, Middle Initial)*	(2) ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

c. IS RESIDENCE SUBSIDIZED HOUSING?	d. DATE PARENT STARTED LIVING AT CURRENT ADDRESS *(YYYYMMDD)*	e. IS CURRENT ADDRESS PARENT'S PERMANENT ADDRESS?
☐ YES ☐ NO		☐ YES *(If No, explain where else parent lives and number of months there each year.)* ☐ NO

5. PERSONS LIVING IN HOUSEHOLD WITH PARENT

List all persons who live in the household, including claimed parent. If employed, show hours per week worked. Continue in Remarks if more space is needed.

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP TO PARENT	c. AGE	d. MARRIED *(X)*		e. EMPLOYED		f. MONTHLY CONTRIBUTION TO PARENT
			YES	NO	HOURS PER WEEK	NO *(X)*	

6. HOUSEHOLD EXPENSES

List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If parent resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If parent does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained using the Remarks section. However, if parent resides in and owns home mortgage free, enter "None" in mortgage/rent/FRV block.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the parent lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. *(X one)* ☐ RENT ☐ FRV ☐ MORTGAGE *(Specify amount of tax and insurance if applicable)*			d. FURNITURE AND APPLIANCES		
TAX			e. REPAIRS ON HOME		
INSURANCE					
b. FOOD			f. OTHER *(Itemize in Remarks section)*		
c. UTILITIES *(Heat, power, water, and telephone)*					

7. PARENT'S PERSONAL EXPENSES

List personal expenses for parent, parent's spouse, and their unmarried minor children who are not fully employed and who live in the same household. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the parent's personal expenses regardless of who is paying for them.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS *(If auto is registered in parent's name)*		
b. LAUNDRY AND DRY CLEANING			h. MONTHLY TRANSPORTATION PAYMENTS *(Include gas, oil, insurance, repairs, and public transportation)*		
c. MEDICAL *(Do not include expenses paid by insurance, welfare, or Medicare)*			i. SCHOOL EXPENSES *(Itemize)*		
d. VALUE OF USIP CARD *(Verification of amount is required)*					
e. PERSONAL INSURANCE *(Specify)*			j. OTHER EXPENSES *(Itemize)*		
f. PERSONAL TAXES *(Specify)*					

8. PARENT'S ASSETS

List all assets such as real estate (including home), personal property, farm and/or business equipment, automobiles, trucks, cash, savings of any type, stocks, bonds, etc., whether owned separately by parent, jointly with spouse, or jointly by parent or spouse with another person. Assets must be listed even though parent may not be using the income earned by these assets, but is allowing the interest of dividends to accrue.

a. DESCRIPTION	b. PRESENT VALUE	c. PARENT'S EQUITY

d. IS PARENT LIQUIDATING ASSETS? *(For example, is parent withdrawing money from savings, or selling stocks and bonds?)*

☐ YES. IF YES, HOW MUCH OF PARENT'S CAPITAL IS USED MONTHLY? $ _____

☐ NO EXPLAIN:

9. PARENT'S INCOME

All gross income received by parent and parent's spouse, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. If any income received includes funds for children, be sure to show the amount received for them. List income for parents and children separately. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PARENT/ CHILDREN	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			i. SCHOLARSHIPS OR EDUCATIONAL GRANTS	Parent		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.				Children		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION *(Specify type)*			j. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR *(Specify type)*	Parent		
				Children		
d. NET INCOME FROM RENTAL PROPERTY, BUSINESS AND FARMING *(Specify type and explain in Remarks section)*			k. SUPPLEMENTAL SECURITY INCOME (SSI)	Parent		
				Children		
e. FOREIGN PENSION PAYMENTS *(Specify type and if received based on previous employment, parent's need, age, military service, etc., in Remarks section)*			l. VETERANS ADMINISTRATION PAYMENTS *(Specify type)*	Parent		
				Children		
f. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			m. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN *(Include agency and address in Remarks section)*	Parent		
g. TAX REFUNDS *(Specify)*				Children		
h. OTHER *(Specify)*			n. PAYMENT OR ALIMONY FROM SEPARATED OR DIVORCED SPOUSE	Parent		
				Children		

o. HAS PARENT OR SPOUSE APPLIED FOR ANY TYPE OF PENSION, SOCIAL SECURITY, VA, DISABILITY, UNEMPLOYMENT, OR RETIREMENT PAYMENTS NOT YET RECEIVED? *(If Yes, explain.)*

☐ YES ☐ NO

IF PARENT OR SPOUSE HAS REACHED THE ELIGIBILITY AGE FOR SOCIAL SECURITY BENEFITS *(Unremarried widow or widower, 60 or older, retired, 62 or older)*, BUT DOES NOT RECEIVE THEM, FURNISH DISALLOWANCE LETTER FROM THE SOCIAL SECURITY ADMINISTRATION.

FIGURE 7

10. MEMBER'S CONTRIBUTION

a. SHOW THE TOTAL AMOUNT THE MEMBER GAVE PARENT, OR PAID IN PARENT'S BEHALF FOR EACH OF THE PAST 12 MONTHS.

(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT

b. MEMBER PROVIDES SUPPORT BY *(X one)* ☐ ALLOTMENT ☐ PERSONAL CHECK ☐ MONEY ORDER
(Verification documentation is required for BAH claims) ☐ OTHER *(Explain)*

11. REMARKS *(Use back if necessary)*

READ THE PENALTY PROVISIONS, SIGN AND DATE THE FORM, AND HAVE IT NOTARIZED.

NOTE: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined as provided in Title 18, or imprisoned not more than 5 years, or both (U.S. Code, title 18, section 1001). The information provided in this form may be referred to the appropriate Military Service investigative agency.

I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (U.S. Code, title 18, section 287, formerly section 80, provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)

12. SIGNATURES

a. **PARENT(S)**

I, _____ *(print name)* and _____ *(print name)*

will immediately notify the service concerned of any changes in residency, financial circumstances, or dependency upon the member.

(1) PARENT'S SIGNATURE	(2) DATE SIGNED *(YYYYMMDD)*	(3) PARENT'S SIGNATURE	(4) DATE SIGNED *(YYYYMMDD)*

b. **NOTARY PUBLIC**

Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s).

This _____ day of _____, _____, at city (or town) of _____, county of _____,

and state (or territory) of _____.

_____
(Notary)

(Official Seal)

_____
(Official Title)

c. **MEMBER**

(1) SIGNATURE	(2) DATE SIGNED *(YYYYMMDD)*

FIGURE 7

DEPENDENCY STATEMENT - WARD OF A COURT	CONTROL NUMBER	OMB No. 0730-0014 OMB approval expires Sep 30, 2007

The public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0730-0014). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9397, November 1943; 37 U.S.C. Chapter 7; 10 U.S.C. Chapter 55; and Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A, Military Pay Policy and Procedures - Active Duty and Reserve Duty.
PRINCIPAL PURPOSE(S): The information provided on this form will be used to determine the relationship and dependency of an individual on the military member, for entitlement of authorized benefits.
ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service (IRS) for tax purposes, and the Department of Veterans Affairs (DOVA) regarding DOVA compensation. Other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as ppublished in the Federal Register.
DISCLOSURE: Voluntary; however, failure to provide this information will result in a suspension of the dependent entitlement until the military member provides the required certification.

INSTRUCTIONS

This form is used to determine Basic Allowance for Housing (BAH), travel allowances, and/or Uniformed Services Identification and Privilege (USIP) card benefits for wards of a court. The member must complete the form as stated in Item 3, sign and date the form, and have it notarized. Answer every question. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Report and verify any income in gross amounts. Verification of income, proof of support and a copy of guardianship documents are required. In the case of a ward who is a full-time student, supporting documentation must include a letter from the accredited college or university verifying the ward's full-time enrollment, documentation of expenses, and any educational assistance that ward may receive. If the ward is incapacitated and over the age of 21, a medical sufficiency statement from a military medical treatment facility is required.

1. ENTITLEMENTS REQUESTED *(X and complete as applicable)*

a. TYPE	b. FIRST APPLICATION?	c. LAST APPLICATION WAS
☐ BAH ☐ USIP	☐ YES *(If "NO," give date of last application)*	☐ APPROVED
☐ TRAVEL ALLOWANCE	☐ NO *(YYYYMMDD)* _____	☐ DISAPPROVED

2. MEMBER INFORMATION

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. RANK

d. STATUS *(X and complete as applicable)*

☐ ACTIVE DUTY	☐ NATIONAL GUARD	☐ ARMY	☐ NAVY	☐ DECEASED *(Date of death) (YYYYMMDD)* _____	
☐ RETIRED	☐ RESERVE	☐ MARINE CORPS	☐ AIR FORCE	☐ OTHER *(Specify)*	

e. COMPLETE RESIDENCE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

f. COMPLETE MILITARY ADDRESS *(Include assignment: squadron and base)*

g. TELEPHONE NUMBERS *(Include DSN or Area Code)*		h. E-MAIL ADDRESS	i. MARITAL STATUS *(X)*
(1) WORK	(2) HOME		☐ SINGLE ☐ SEPARATED ☐ WIDOWED ☐ MARRIED ☐ DIVORCED

3. WARD INFORMATION

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. DATE OF BIRTH *(YYYYMMDD)*

d. COMPLETE RESIDENCE ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

e. STATUS *(X and complete as applicable)*

☐ UNMARRIED UNDER 21 YEARS OF AGE *(Complete Items 1 - 8 and 13 - 16.)*
☐ 21-22 YEARS OF AGE AND A FULL-TIME STUDENT *(Complete Items 1 - 9 and 12 - 16.)*
☐ INCAPACITATED OVER AGE 21 *(Complete Items 1 - 8 and 10 - 16.)*

f. HAS WARD EVER BEEN MARRIED? *(If "Yes," attach copy of annulment decree, final divorce decree, or death certificate of ward's spouse.)*

☐ YES ☐ NO

FIGURE 8

4. WARD'S RESIDENCE

a. TYPE OF RESIDENCE *(X and complete as applicable)*

- [ ] HOME OR APARTMENT OF MEMBER
- [ ] HOME OR APARTMENT OF WARD
- [ ] HOME OR APARTMENT OF FORMER SPOUSE OF MEMBER
- [ ] HOSPITAL OR INSTITUTION
- [ ] HOME OR APARTMENT OF FRIEND OR RELATIVE *(State relationship)* _____
- [ ] STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
- [ ] OTHER *(Explain)*

b. OWNER OF RESIDENCE

(1) NAME *(Last, First, Middle Initial)*	(2) ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*	
c. IS RESIDENCE SUBSIDIZED HOUSING? [ ] YES [ ] NO	d. DATE WARD BEGAN LIVING AT CURRENT ADDRESS *(YYYYMMDD)*	e. DATE WARD BEGAN LIVING WITH PERSON WHO CURRENTLY HAS PHYSICAL CUSTODY *(YYYYMMDD)*

5. IF WARD IS A FULL-TIME STUDENT

a. ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL *(Street, Apartment Number, City, State, ZIP Code)*

b. TYPE OF RESIDENCE *(X and complete as applicable)*

- [ ] WARD'S OWN HOME OR APARTMENT
- [ ] MEMBER'S HOME OR APARTMENT
- [ ] HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE
- [ ] HOME OR APARTMENT OR MEMBER'S WIDOW OR WIDOWER
- [ ] STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
- [ ] HOME OR APARTMENT OF FRIEND OR RELATIVE *(State relationship)* _____
- [ ] OTHER *(Explain)*

c. ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL *(Longer than 90 days) (Street, Apartment Number, City, State, ZIP Code)*

d. TYPE OF RESIDENCE *(X and complete as applicable)*

- [ ] WARD'S OWN HOME OR APARTMENT
- [ ] MEMBER'S HOME OR APARTMENT
- [ ] HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE
- [ ] HOME OR APARTMENT OR MEMBER'S WIDOW OR WIDOWER
- [ ] STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
- [ ] HOME OR APARTMENT OF FRIEND OR RELATIVE *(State relationship)* _____
- [ ] OTHER *(Explain)*

6. PERSONS LIVING IN HOUSEHOLD WITH WARD

a. NAME *(Last, First, Middle Initial)*	b. AGE	c. MARRIED *(X)*		d. EMPLOYED	
		YES	NO	HOURS PER WEEK	NO *(X)*

7. HOUSEHOLD EXPENSES

List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If ward resides in the member's household or in a dwelling owned by member, use Fair Rental Value (FRV) for dwelling. If ward does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained in the Remarks section.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the ward lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
a. *(X one)* [ ] RENT [ ] FRV [ ] MORTGAGE *(Specify amount of tax and insurance if applicable)*			d. FURNITURE/APPLIANCES		
TAX			e. REPAIRS ON HOME		
INSURANCE			f. OTHER *(Specify)*		
b. FOOD					
c. UTILITIES *(Heat, power, water, and telephone)*					

FIGURE 8

8. WARD'S PERSONAL EXPENSES

List personal expenses for ward. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the ward's personal expenses regardless of who is paying for them.

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS *(If auto is registered in ward's name)*		
b. LAUNDRY AND DRY CLEANING			h. MONTHLY TRANSPORTATION PAYMENTS *(Include gas, oil, insurance, repairs, and public transportation)*		
c. MEDICAL *(Do not include expenses paid by insurance, welfare, or Medicare)*			i. SCHOOL EXPENSES *(Itemize)*		
d. VALUE OF USIP CARD *(Verification of amount is required)*					
e. PERSONAL INSURANCE *(Specify)*			j. OTHER EXPENSES *(Itemize)*		
f. PERSONAL TAXES *(Specify)*					

9. WARD'S SCHOOL EXPENSES

List ward's school expenses even if covered by scholarship, grant, or other financial aid.

ITEM	AVERAGE MONTHLY EXPENSE	ITEM	AVERAGE MONTHLY EXPENSE
a. TUITION		e. BOARD *(Food)*	
b. BOOKS		f. OTHER SCHOOL EXPENSES *(Specify)*	
c. SPECIAL FEES			
d. ROOM *(Rent)*			

10. IF WARD IS IN HOSPITAL OR INSTITUTION (INCAPACITATED)

If ward is in a hospital or institution, all of the following information must be furnished. Obtain this information from the hospital or institution.

a. DATE WARD ENTERED HOSPITAL/INSTITUTION *(YYYYMMDD)*	b. ANTICIPATED DATE OF DISCHARGE *(If known)*

c. WILL WARD RETURN TO MEMBER'S HOME AFTER DISCHARGE? *(If "NO," explain where ward will reside)*

☐ YES
☐ NO

d. WARD'S EXPENSES IN HOSPITAL OR INSTITUTION

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
(1) ROOM			(8) EDUCATION		
(2) FOOD			(9) TRANSPORTATION		
(3) REHABILITATION CLASSES OR SERVICES			(10) PERSONAL INSURANCE *(Specify)*		
(4) SPECIALIZED EQUIPMENT			(11) OTHER *(Specify)*		
(5) MEDICAL CARE					
(6) CLOTHING					
(7) LAUNDRY/DRY CLEANING					

FIGURE 8

10.e. WARD'S EXPENSE IN HOSPITAL OR INSTITUTION ARE PAID BY:

SOURCE	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
USIP CARD (1) CIVILIAN MEDICAL TREATMENT FACILITY (CHAMPUS)			(4) STATE OR LOCAL AGENCY *(Name and Address)*		
USIP CARD (2) MILITARY MEDICAL TREATMENT FACILITY			(5) MEMBER		
(3) PRIVATE INSURANCE *(Name and Address)*			(6) OTHER *(Explain and give name and address)*		

11. WARD'S EMPLOYMENT

Has ward been employed since age 21? ☐ YES ☐ NO

If "YES," furnish the following information. Use the Remarks section to continue if necessary.

a.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED	(3) DATE ENDED	(4) MONTHLY SALARY *(Gross)*
	(5) TYPE OF WORK PERFORMED	(6) REASON EMPLOYMENT ENDED		
b.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED	(3) DATE ENDED	(4) MONTHLY SALARY *(Gross)*
	(5) TYPE OF WORK PERFORMED	(6) REASON EMPLOYMENT ENDED		
c.	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED	(3) DATE ENDED	(4) MONTHLY SALARY *(Gross)*
	(5) TYPE OF WORK PERFORMED	(6) REASON EMPLOYMENT ENDED		

d. IS OR WAS WARD'S JOB CONSIDERED AS BEING A "SHELTERED WORKSHOP" - THAT IS, OPEN ONLY TO DISABLED OR HANDICAPPED PEOPLE?

☐ YES *(If "YES" and ward is currently working, attach a statement from the employer verifying this information.)*

☐ NO

12. WARD'S SCHOOL ATTENDANCE

Has ward attended college since age 21? ☐ YES ☐ NO If "YES," furnish the following information.

a.	(1) NAME AND ADDRESS OF SCHOOL			(2) *(X as applicable)* ☐ VOCATIONAL ☐ FOR RECEIVING DEGREE
	(3) DATES ATTENDED	(4) *(X)*	☐ FULL-TIME ☐ PART-TIME	(5) WARD'S MAJOR
b.	(1) NAME AND ADDRESS OF SCHOOL			(2) *(X as applicable)* ☐ VOCATIONAL ☐ FOR RECEIVING DEGREE
	(3) DATES ATTENDED	(4) *(X)*	☐ FULL-TIME ☐ PART-TIME	(5) WARD'S MAJOR

13. WARD'S INCOME

All gross income received by or in behalf of the ward, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. This includes any income received by persons in the capacity of custodian or administrator for the ward. If any income received during the past 12 months was a lumpsum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			d. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR *(Specify)*		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.			e. SUPPLEMENTAL SECURITY INCOME (SSI)		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION *(Specify type)*			f. VETERANS ADMINISTRATION PAYMENTS *(Specify type)*		

13. WARD'S INCOME *(Continued)*

SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS
g. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			j. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN *(Include agency and address in Remarks section)*		
h. SCHOLARSHIPS OR EDUCATIONAL GRANTS			k. OTHER *(Specify)*		
i. TAX REFUNDS *(Specify)*					

14. MEMBER'S CONTRIBUTION

a. SHOW THE TOTAL AMOUNT THE MEMBER HAS CONTRIBUTED TO THE WARD'S SUPPORT FOR EACH OF THE PAST 12 MONTHS.

MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT	MONTH AND YEAR	AMOUNT

b. MEMBER PROVIDES SUPPORT BY *(X one)* ☐ ALLOTMENT ☐ MONEY ORDER ☐ PERSONAL CHECK ☐ OTHER *(Explain)*

15. REMARKS

16. SIGNATURES

Read the penalty provisions, sign and date the form, and have it notarized.

NOTE: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined as provided in Title 18, or imprisoned not more than 5 years, or both (U.S. Code, title 18, section 1001). The information provided in this form may be referred to the appropriate Military Service investigative agency.

I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (U.S. Code, title 18, section 287, formerly section 80, provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)

a. CUSTODIAN

I/we _____ *(print name(s))* will immediately notify the service concerned of any change in child's financial circumstances, marital status, physical custody, or change in dependency upon the service member as shown in this form.

(1) SIGNATURE OF PERSON WHO HAS CUSTODY OF THE WARD *(Can be member or other than member)*	(2) DATE SIGNED *(YYYYMMDD)*

b. NOTARY PUBLIC

Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s).

This _____ day of _____, _____, at city (or town) of _____, county of _____,

and state (or territory) of _____.

_____
(Notary)

(Official Seal)

_____
(Official Title)

My commission expires: _____

c. MEMBER

(1) SIGNATURE	(2) DATE SIGNED *(YYYYMMDD)*

FIGURE 8

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)

PRIVACY ACT STATEMENT

AUTHORITY: Title 37, U.S. Code, Section 427.
PRINCIPAL PURPOSE: To evaluate member's application for FSA.
ROUTINE USES:
a. Serves as substantiating document for FSA payments and input into the member's pay account.
b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.
c. Provides a record in service member's pay account and for safekeeping.
DISCLOSURE: Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.

1. NAME OF MEMBER *(Last, First, Middle Initial)*	2. GRADE	3. SOCIAL SECURITY NUMBER	4. BRANCH AND ORGANIZATION

PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA

5. TYPE II *(X as applicable)*
☐ FSA-T (Temporary) ☐ FSA-R (Restricted) ☐ FSA-S (Ship)

6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)

7. DATE *(DDMMYY)* **DEPARTED RESIDENCE TO UNIT HOME STATION** *(Mobilized Members)*

8. I CERTIFY TO THE FOLLOWING FACTS *(X applicable box(es))*

☐ a. I am not divorced or legally separated from my spouse.
☐ b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.
☐ c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty.
☐ d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.
☐ e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.
☐ f. I am married to another military member currently serving on active duty and my spouse ☐ was ☐ was not residing with me immediately before being separated by execution of my military orders.
Spouse's SSN: _____ Branch and Component: _____
☐ g. My last TDY or deployment, if any, ☐ was ☐ was not within the last 30 days from this TDY or deployment.

9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.

a. DATE *(DDMMYY)*	b. SIGNATURE OF MEMBER

PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW

10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. *(Attach a blank page for continuation if necessary.)*

a. LOCATION	b. INCLUSIVE DATES OF TDY/T *(From/To)*	c. NO. OF DAYS

11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ *(Last permanent duty station)* on _____ *(DDMMYY)*
and was on leave en route _____ *(Inclusive leave dates - DDMMYY)*, proceed time _____ *(Inclusive dates)*
and the member reported to _____ *(PDS)* on _____ *(DDMMYY)*. Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.

12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing *(DDMMYY)* _____.

a. NAME OF SHIP/UNIT	b. HOMEPORT

13. Travel performed under authority of orders _____, dated _____.

14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.

15. DATE *(DDMMYY)*	16. CERTIFYING OFFICER	
	a. TYPED NAME *(Last, First, Middle Initial)*	b. TITLE
	c. ORGANIZATION	d. SIGNATURE

DD FORM 1561, NOV 2006 PREVIOUS EDITION IS OBSOLETE Adobe Professional 7.0

FIGURE 9

MONTGOMERY GI BILL ACT OF 1984 (MGIB)

(Chapter 30, Title 38, U.S. Code)

INCREASED BENEFIT CONTRIBUTION PROGRAM

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

PRINCIPAL PURPOSE(S): To establish participation in the Montgomery GI Bill Increased Benefit Contribution Program.

ROUTINE USE(S): To the Department of Veterans' Affairs to verify an individual's participaton in the MGIB Increased Contribution Program.

DISCLOSURE: Voluntary; however, failure to provide information will result in the individual not being enrolled in the Increased Contribution Program.

1. SERVICE MEMBER DATA

a. NAME *(LAST, First, Middle Initial)*	b. SOCIAL SECURITY NUMBER (SSN)

2. STATEMENT OF UNDERSTANDING FOR INCREASED BENEFIT OPTION

(1) I am eligible to contribute an additional amount to increase my MGIB benefits. Increased contributions cannot exceed $600. For each $4 I contribute, I will receive an additional $1 per month in increased benefit for full-time training. For example, if I contribute the entire $600, my monthly MGIB benefit will be increased by $150. If I contribute $300, the monthly increased benefit is $75, etc. (Divide the amount contributed by 4 to obtain the increase to the full-time monthly benefit.)

(2) I understand that MGIB increased benefit option contributions are non-refundable.

(3) I must contribute the desired amount while serving on active duty. Once I separate, I cannot contribute to this program.

(4) I must maintain copies of this document and all documents reflecting the amount of my additional contribution. The Department of Veterans' Affairs will require proof of additional contributions when claiming benefits.

I am participating in this option to increase my monthly MGIB benefit by contributing any additional amount up to $600, in increments of $20. Increased **MONTHLY** payment is equal to $1 for each $4 contributed. All contributions must be made while on active duty and are **NON-REFUNDABLE.** Once I have separated, I cannot contribute to this program.

a. SERVICE MEMBER SIGNATURE	b. RANK/GRADE	c. DATE SIGNED *(YYYYMMDD)*

3. CERTIFYING OFFICIAL

I have verified this member originally enrolled in the MGIB program upon initial entry into active duty and is eligible to participate in the increased benefit option. Member has been advised that all contributions must be made while on active duty and may be stopped or suspended at any time, but are not refundable.

a. TYPED OR PRINTED NAME *(LAST, First, Middle Initial)*	b. RANK/GRADE	c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*

DD FORM 2366-1, JUN 2002

PAY ADJUSTMENT AUTHORIZATION	NOTE: *If member has been transferred, forward this authorization to the officer currently maintaining the member's pay record.*

MEMBER (Last name) (First) (Middle)	SSN	GRADE/RANK/RATE	BRANCH OF SERVICE	DATE

PAY GRADE NO.	LAST PAY RECORD EXAMINED (If applicable)	AMOUNT	APPROPRIATION DATA

FROM	NAME OF ACCOUNTABLE D.O.	
	SYMBOL NO.	G.A.O. EXCEPTION CODE

TO	YOU ARE HEREBY AUTHORIZED TO
	[x] CHARGE [ ] CREDIT
	THE MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE

EXPLANATION AND/OR REASON FOR ADJUSTMENT

NAVY CASH INCCURRED AN UNPAID DEBT WITH THE ABOE NAMED SERVICEMEMBER. THE MEMBER HAS FAILED TO PAY THEIR NEGATIVE BALANCE ON THEIR NAVY CASH ACCOUNT. NO PAYMENT HAS BEEN RECEIVED TO DATE. PAA SUBMITTED PER NAVY CASH SOP VER 1.09 CHAPTER 8 SECTION 8.8.1.C.5. REQUEST COLLECTION ACTION BE TAKEN AS PER DODFMR/DODPM.

POC:

The above adjustment is based on a thorough examination of all available records. If the Disbursing Officer has knowledge that a previous adjustment has been made or why the adjustment should not be made for the same item, this authorization should be returned with a brief statement of the reason for failure to make the adjustment.

FROM	CERTIFYING OFFICER (name, rank/grade, and signature)

CERTIFICATE

I CERTIFY that the adjustment indicated above has been entered on the above-named member's Military Pay Record. (If adjustment has not been entered, give explanation on reverse over D. O.'s signature and symbol number).

TO	TYPED NAME AND GRADE OF D.O.	
	D.O. SYMBOL NO.	DATE
	SIGNATURE	

FORM DD 139 (4 PT) 1 MAY 53

REPLACES DD FORM 118, 1 OCT 49, DD FORM 139, 1 JAN 49, NAV. S. AND A. FORMS 540, 541, AND 542, NAVMC 698-8D AND NAVMC 819-SD. ALL OF WHICH MAY BE USED UNTIL STOCKS ARE EXHAUSTED

Form approved by Comp. Gen. U.S., April 28, 1972

FIGURE 11

SPO ENROLLMENT/DISENROLLMENT FORM

NAME (Last, First, MI) SSN DIVISION PHONE

INSTRUCTIONS: Check appropriate box and initial when responding to the following statements INITIALS

I am participating in the Direct Deposit Program, Electronic Funds Transfer. ☐ YES ☐ NO

I request to have an amount of my EFT payment sent to the local ATM.
(If the ship does not have an ATM, leave this questions blank.) ☐ YES ☐ NO

I request to have an amount of my EFT paid in cash or check on payday. ☐ YES ☐ NO

I request my Split Pay Option be stopped. ☐ YES ☐ NO

I request the provided amount be deducted from my EFT payment every payday $

I understand that by signing this document, I am requesting an amount of my pay be deducted from my EFT payment and paid to me locally. I understand that the amount indicated above is a PER PAYDAY" amount and not a monthly amount.

SIGNATURE DATE

DISBURSING OFFICE USE ONLY

STARTS	STOPS
DATE EFT STARTED	HM02 DATE
HM01/HM04 DATE	LAST SPO PAYDAY DATE
AMOUNT OF SPO (PER PAYDAY)	DATE UMIDS DATABASE UPDATED
FIRST SPO PAYDAY DATE	
DATE UMIDS DATABASE UPDATED	

REMARKS

SIGNATURE DATE

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)
- ❑ Name or update your beneficiary
- ❑ Reduce the amount of your insurance coverage
- ❑ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name	First name	Middle name	Rank, title or grade	Social Security Number

Branch of Service (Do not abbreviate)	Current Duty Location

Amount of Insurance

By law, you are automatically insured for $400,000. ***If you want $400,000 of insurance***, skip to *Beneficiary(ies) and Payment Options*. ***If you want less than $400,000*** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of $50,000. ***If you do not want any insurance****, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage and traumatic injury protection under the SGLI program.

❑ I want coverage in the amount of $_____ Your initials_____

❑ _____

(Write "I do not want Insurance at this time.")

Note: Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of Veterans' Group Life Insurance you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, $ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1.				
2.				
3.				
4.				
☐ Additional Principals on page 5 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
☐ Additional Contingents on page 5 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- ***This form cancels any prior beneficiary or payment instructions.***
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than $400,000.

SIGN HERE IN INK ➤ _____ Date: _____

(Your signature. Do not print.)

Do not write in space below. For official use only.

RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Beneficiary Continuation

Instructions: This page is to be used ***ONLY*** when the service member wants to name more beneficiaries than the number of beneficiary spaces provided on page 2. If this page is completed, it should be copied and distributed together with page 2 of this form.

Member Information

Last name	First name	Middle name	Rank, title or grade	Social Security Number

Beneficiary(ies) and Payment Options

In addition to the beneficiaries I have named on page 2 of this form (SGLV 8286), I also designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, $ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
5.				
6.				
7.				
8.				
9.				
10.				
Contingent				
5.				
6.				
7.				
8.				
9.				
10.				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- ***This is a continuation of my beneficiary designation on page 2 of this form, Servicemembers' Group Life Insurance Election and Certificate.***
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of the SGLV-8286, unless otherwise stated above.

SIGN HERE IN INK ➢ _____ Date: _____

(Your signature. Do not print.)

Do not write in space below. For official use only.

RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED

Copy 1 - Member's Official Personnel File
Copy 2 - To Member
Copy 3 - To Active or Reserve Component of Uniformed Service

REQUEST FOR INSURANCE
(SERVICEMEMBERS' GROUP LIFE INSURANCE)

IMPORTANT- This form is for use by ACTIVE DUTY and RESERVE MEMBERS. Please read instructions on reverse before completing this form. **NOTE:** No insurance may be granted unless a completed application form has been received. (38 C.F.R. 9.8)

PART I - TO BE COMPLETED BY MEMBER

1. AMOUNT OF SGLI NOW IN FORCE	2. AMOUNT OF INCREASE DESIRED	3. TOTAL (BLOCK 1 +BLOCK 2)

4. FIRST NAME - MIDDLE NAME - LAST NAME	5. SOCIAL SECURITY NUMBER

6. BRANCH OF SERVICE (*Do not abbreviate*)	7.DATE OF BIRTH (*Mo.day,yr*)	8.WEIGHT	9.HEIGHT	10.SEX
				☐ MALE ☐ FEMALE

11. HAVE YOU EVER BEEN DIAGNOSED AS HAVING A DISEASE OR DISORDER OF THE IMMUNE SYSTEM?

☐ YES ☐ NO

12. HAVE YOU HAD OR BEEN TREATED FOR OR HAD KNOWN INDICATIONS OF:	YES	NO		YES	NO
			C. NERVOUS DISORDER?		
A. HEART CONDITION?			D. DIABETES?		
B. HIGH BLOOD PRESSURE?			E. CANCER OR TUMORS?		

13. DO YOU HAVE ANY KNOWN PHYSICAL OR MENTAL IMPAIRMENTS, DEFORMITIES, OR ILL HEALTH NOT COVERED ABOVE?

☐ YES ☐ NO

14. IF YOUR ANSWER TO ANY PART OF ITEMS 11 THROUGH 13 IS "YES", REFER TO ITEM NUMBER AND GIVE DATES, DURATION AND OTHER DETAILS
(If more space is needed, attach a separate sheet)

CERTIFICATION

The answers that I have given are for securing approval of this request for insurance and I CERTIFY that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested required approval of evidence of insurability by the Office of Servicemembers' Group Life Insurance (OSGLI). I further understand that should I fail to furnish satisfactory evidence of insurability, the fact that withholdings have been made from my pay for the insurance being requested shall not create any liability for insurance, and that I shall be entitled to appropriate credit for such withholdings. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim. I consent that OSGLI may obtain copies of any medical record pertaining to me. A photostatic copy of this consent will be considered as valid as the original.

15A. SIGNATURE AND RANK, TITLE OR GRADE OF MEMBER	15B. ORGANIZATION AND MAILING ADDRESS	15C. DATE COMPLETED

PART II - TO BE COMPLETED BY MEMBER'S COMMANDING OFFICER

I CERTIFY THAT the statements made above to the best of my knowledge are true and correct and that the member is now performing full and unrestricted military duty and is physically qualified to perform all duties of his/her rank or position and that there is no obvious impairment. I further certify that the signature above is that of the member named and according to the records of this department, this member is eligible to apply for the additional insurance requested on this form.

16A. SIGNATURE OF COMMANDING OFFICER	16C. ORGANIZATION AND MAILING ADDRESS	16D. DATE RECEIVED
16B. RANK, TITLE OR GRADE		

FOR USE BY THE OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE	☐ APPROVE ☐ DISAPPROVE	SIGNATURE OF OSGLI REPRESENTATIVE	DATE

SGLV 8285, SEP 2001

TO BE RETAINED IN MEMBER'S OFFICIAL PERSONNEL FILE

FIGURE 14

Please read the instructions before completing this form.

Family Coverage Election

Servicemember's Information

Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Date of Birth	Social Security Number

Branch of Service (Do not abbreviate)	Rank, title or grade

Amount of Insurance

Family Coverage for Dependent Child(ren). By law, if you are insured under SGLI, each of your dependent children (see page 3 for a definition of dependent children for SGLI purposes) is automatically insured for $10,000.

Family Coverage for Spouse. By law, if you are insured under SGLI, **your spouse is automatically insured for $100,000 or the amount of your SGLI coverage**, whichever is less. ***If you want less than the automatic amount of coverage for your spouse***, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of $10,000. ***If you do not want any coverage for your spouse****, check the appropriate block below and write (in your own handwriting), "I do not want coverage for my spouse at this time."

❑ I want coverage in the amount of $_____

❑ _____

(Write "I do not want coverage for my spouse at this time.")

**Note:* Reduced or refused family coverage can *only* be restored by completing form SGLV 8285A with proof of good health and compliance with other requirements. It will also affect the amount of insurance your spouse can convert when Family Coverage expires.

Spouse's Information

(To be completed by member. It is not necessary to complete this section if you're declining coverage.)

Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Social Security Number

Date of Birth (dd-mmm-yyyy e.g. 24-AUG-1965)	

Premiums for Spousal Coverage

Spouse's age:	*Monthly rate per $10,000*	*Monthly cost for $100,000 coverage*
Under 35	$.55	$5.50
35-39	$.70	$7.00
40-44	$.90	$9.00
45-49	$1.40	$14.00
50-54	$2.70	$27.00
55-59	$4.00	$40.00
60 & older	$5.20	$52.00

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form and certify that the information I have provided is correct.

SIGNATURE OF SERVICEMEMBER ➢ _____ Date: _____
(dd-mmm-yyyy e.g. 01-NOV-2001)

Do not write in space below. For official use only.

Received by: (please print)	Rank, title or grade	Organization	Date Received (dd-mmm-yyyy e.g. 01-NOV-2001)

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Tax Reform Act of 1976, Public Law 94-455.
PURPOSE:	Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.
ROUTINE USES:	Information herein will be furnished State authorities and to Members of Congress.
MANDATORY OR VOLUNTARY DISCLOSURE:	Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME *(Last, first, middle initial)*	**SOCIAL SECURITY NUMBER** *(SSN)*

LEGAL RESIDENCE/DOMICILE *(City or county and State)*

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

SIGNATURE	**CURRENT MAILING ADDRESS** *(Include ZIP Code)*	**DATE**

DD Form 2058, FEB 77 (EG)

STATE INCOME TAX EXEMPTION TEST CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 5516, 5517, and EO 9397, November 1943.
PRINCIPAL PURPOSE: To enable the service concerned to terminate withholding of State income taxes applicable to your pay for the tax year specified. Social Security Number *(SSN)* will be used to provide positive identification.
ROUTINE USES: The information obtained will become part of the active duty pay system of records of the service concerned and may be disclosed to the routine users *(including State tax authorities)* of such system as described in the record system notices for such system.
DISCLOSURE: Disclosure is voluntary. Failure to complete this form will result in withholding of State income taxes from your pay. Disclosure of SSN is voluntary. However, to avoid erroneous application of your withholding exemption to the account of another member, this exemption certificate will not be processed without your SSN.

TYPE OR PRINT NAME *(Last, First, Middle Initial)*	SOCIAL SECURITY NUMBER
MILITARY ADDRESS *(Street Address, City, State, ZIP Code)*	TAX YEAR
	STATE OF LEGAL RESIDENCE
ADDRESS OF PLACE OF ABODE OUTSIDE YOUR STATE OF LEGAL RESIDENCE *(Street Address, City, State, ZIP Code)*	

I CERTIFY THAT I ANTICIPATE MEETING THE THREE CONDITIONS NECESSARY TO BE EXEMPT FROM WITHHOLDING FOR THE CALENDAR YEAR _____ . I ALSO DECLARE THAT I WILL IMMEDIATELY NOTIFY THE FINANCE OFFICER OF ANY CHANGES THAT AFFECT MY WITHHOLDING STATUS.

SIGNATURE OF APPLICANT	DATE *(YYMMDD)*

This form is currently applicable to the States of New Jersey, New York, and Oregon - AND is not to be used to change State of legal residence.

INSTRUCTIONS

The explanatory material below should help you determine if you qualify for exemption from State income tax withholding under this test. If you are unsure of your particular State law provisions for exemption from withholding, you should write your State taxing authority.

Residents of applicable states who enter military service and are assigned to duty outside those States do not change residence because of such assignments. They remain residents of those States for tax purposes unless they fulfill all three of the following conditions:

1. They maintain no place of abode in their State of legal residence during the taxable year,
2. They do maintain a place of abode outside that State for the entire taxable year, and
3. They spend no more than 30 days in that State during the taxable year.

The following are not considered places of abode under condition 2:

a. An abode maintained while on temporary duty or while attending a specialized training school away from your permanent duty station. A member who is otherwise considered to maintain a place of abode outside his or her State of legal residence does not lose the place of abode solely because of performance of duty at another location if such place of abode is still maintained by the member.

b. Quarters occupied by a barracks, on shipboard, or in bachelor officer quarters at your permanent duty station. This restriction applies only to New Jersey and New York residents. If your status under condition 2 is unclear, you should consult your legal assistance officer before completing the form.

If the spouse and family of a married individual in military service continue to reside in the State of legal residence, their abode is considered to be an abode maintained by the service member. Condition 1 would therefore not be met.

Effective date of exemption election. Withholding of State income tax will stop the month after the month in which the certificate is filed. Retroactive adjustments will not be made.

THRIFT SAVINGS PLAN
ELECTION FORM

TSP-U-1

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to the office of your service that is responsible for enrolling members in the TSP.**

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. _____ Name *(Last)* *(First)* *(Middle)*

2. _____ Mailing Address *(may be APO or FPO)* City State Zip Code

3. _____ – _____ – _____ Social Security Number

4. (_____) _____ – _____ Daytime Phone *(Area Code and Number)*

5. ___/___/___ Date of Birth *(mm/dd/yyyy)*

6. _____ Office Identification *(Service and Organization)*

II. START OR CHANGE YOUR CONTRIBUTIONS
(Use whole percentages only.)

To start or change the amount of your contributions, enter in Item 7 the percentage of your basic pay per pay period that you want to contribute.

7. _____.0% **Basic Pay**

If you contribute from basic pay, you may also elect to contribute from incentive pay and special pay, including bonus pay, by completing Items 8–10. If you elect to contribute from any of these types of pay, your election will take effect whenever you become entitled to this pay.

8. _____.0% **Incentive Pay**

9. _____.0% **Special Pay** *(except bonus pay)*

10. _____.0% **Bonus Pay**

III. STOP YOUR CONTRIBUTIONS

To stop all contributions to the TSP, check Item 11 and complete Section IV. If you want to stop only your contributions from incentive pay, special pay (except bonus pay), or bonus pay, check Items 12, 13, or 14, as appropriate, and complete Section IV. Your contributions will stop no later than the first full pay period after your service receives this form.

11. ☐ Stop my contributions from **basic pay**. I understand that checking this box will also cause my contributions from all other types of pay to stop.

12. ☐ Stop my contributions from **incentive pay**.

13. ☐ Stop my contributions from **special pay** *(except bonus pay)*.

14. ☐ Stop my contributions from **bonus pay**.

IV. SIGNATURE

15. _____ Service Member's Signature

16. ___/___/___ Date Signed *(mm/dd/yyyy)*

V. FOR SERVICE USE ONLY

17. _____ Payroll Office Number

18. ___/___/___ Receipt Date *(mm/dd/yyyy)*

19. ___/___/___ Effective Date *(mm/dd/yyyy)*

20. _____ Signature of Service Official

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide on this form to process your election. This information may be shared with other Federal agencies or the uniformed services for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating a violation of civil, criminal, or military law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your election.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the member and to the Payroll/Finance Office.

Form TSP-U-1 (5/2007)
EDITIONS PRIOR TO 1/06 OBSOLETE

FIGURE 18

TRANSFERS (CHECKOUT PROCEDURES)

I. REFERENCES

(a) MILPERSMAN
(b) BUPERSINST 1610.10
(c) DOD Foreign Clearance Guide
(d) OPNAVINST 4650.15
(e) BUPERSINST 1320.6
(f) JFTR

II. DOCUMENTS REQUIRED

a. PCS Order or Standard Transfer Order (STO)
b. Transfer Information Sheet (TIS) - **Figure 1**
c. Transfer Evaluation/FITREP (Enlisted Only)
d. Screening (Overseas, Operational, Special Program, etc.) - **Figure 2**
e. HIV Test/Dental Screening PG 13 or Memo - **Figure 3**
f. DEERS Enrollment Page 13 -
g. Family Entry Approval Guide - **Figure 4**
h. Passenger Reservation Request - **Figure 5**
i. DD Form 884, Application for Transportation of dependents - **Figure 6**
j. DD1056, Application for No-fee passport/Instructions - **Figure 7**
k. NATO Travel Order - **Figure 8**
l. Housing Termination Letter/Sheet
m. Certificate of Personnel Security Clearance (OPNAV 5520/20) (if applicable)
n. Advance Pay Certification/Authorization (DD Form 2560) - **Figure 9**
o. Advance Travel Request Form - **Figure 10**
p. Temporary Lodging Expense (TLE) Form - **Figure 11**
q. Physical Readiness Status Memo - **Figure 12**
r. Instructions to obtain an official no-fee passport - **Figure 13**

III. CPC RESPONSIBILITY

- Ensure member receives the Transfer Package within 10 days of receipt of orders. Transfer Package consists of:

a. Transfer Information Sheet (TIS)
b. PCS Orders
c. Screenings (Overseas, Operational, Special Program, etc.) (if applicable)
d. HIV Test Page 13/Memo
e. DEERS Enrollment Page 13
f. Family Entry Approval Request (if applicable)
g. NATO Travel Orders (if applicable)
h. Advance Pay Certification/Authorization (if eligible)
i. Advance Travel Request (if eligible)
j. Physical Readiness Test Memo
k. Passenger Reservation Request (if applicable)
l. DD Form 884, Application for transportation of dependents (if applicable)
m. DD 1056, No-Fee Passport Application (if applicable)

- Ensures member completes Transfer Package and forward to PSD via TOPS (or hand-carried to PSD) at least 30 days after receipt of orders.
- Ensure that member's transfer date is within his/her transfer month and not a month earlier.
- Ensure member completes all screening requirements prior to BUPERS mandated completion dates. Forward completed screening documents to PSD. Ensure member completes the Advance Pay Certification (if eligible) and forward with Transfer Package to PSD.
- Ensure member completes the Advance Travel Request (if eligible) on a separate TOPS Job and forward to PSD Travel Section.
- Ensure member is complying with OBLISERV requirements within 30
- days of receipt of orders. CPC will coordinate with PSD Reenlistment/ Extension Section for any OBLISERV requirements.
- Notify BUPERS upon completion of any required screening via message and forward copy of the message to PSD.
- For member's requiring Family Entry Approval (FEA), ensure dependents complete overseas suitability screening. Command sends out FEA Request via message and forward screening documents and copy of FEA message to PSD.
- Notify PSD of any pending disciplinary action that may delay or otherwise impact execution of the PCS orders.
- Forward Transfer Evaluation (or FITREP) to PSD at least five work days prior to member's transfer.
- If member possesses security clearance, inform member to terminate security clearance (if applicable) in OPNAV 5520/20 and forward original to PSD prior to transfer for filing in service record.
- If member needs a no-fee passport and/or visa, inform member that application for a no-fee passport and/or visa takes time to process, that member should apply for a no-fee passport and/or visa, if required, at the Passport Office (located in NAVPTO/SATO). Required forms:
    a. DD 1056
    b. Refer to **Figure 7** for additional requirements
- Inform member to make flight arrangement to NAVPTO/SATO (if applicable). Required forms:
    a. Passenger Reservation Request
    b. DD Form 884 (if applicable)
    c. PCS orders
- Ensure member will check out his/her medical and dental records.
- Keep a copy of all transfer documents for command retain file.
- Act as liaison between service member and PSD for all pay/personnel issues regarding Permanent Change of Station (PCS) move.

IV. PSD RESPONSIBILITY

- Screen TOPS Job requests submitted by CPC. Review Transfer Package and transfer directive supplemental instructions (action "comply with" items) and required completion date. Ensure all necessary documentations are attached.
- Track all transfer packages submitted via TOPS.
- Verify that member's transfer date is within his/her transfer month and not a month earlier.

- Verify completion of all screening requirements as stated in member's orders.
- Verify completion of Advance Pay Certification (if requested).
- Verify completion of Advance Travel Request (if requested).
- Verify that member has complied with OBLISERV requirements.
- Request a copy of any required suitability screening message from CPC.
- For member's requiring Family Entry Approval (FEA), request Overseas suitability screening for dependents and request a copy of FEA Request message from CPC.
- Hold members transfer if member is being held because of any pending disciplinary action that may delay or otherwise impact execution of the PCS orders.
- Request a copy of Transfer Evaluation (or FITREP) from CPC at least five work days prior to member's transfer.
- If member possesses security clearance, request for the OPNAV 5520/20 from CPC, if applicable, and file in member's service record.
- If member needs a no-fee passport and/or visa, request a copy of the application for a no-fee passport and/or visa.
- Request for a copy of members flight itinerary, if applicable.
- Remind member to check out his/her medical and dental records.
- Keep a copy of all transfer documents for command retain file.
- Prepare and verify all transfer documents (pay and personnel) and update service record.
- Process member's advance requests to ensure payment.
- Release service record to member with complete transfer package on detach date.

PROCESS FOR OBLISERV REQUIREMENT

a. PCS Orders state that member is to OBLISERV within 30 days of receipt of orders. Please ensure members are complying with this directive.

b. Submit TOPS Job to PSD Reenlistment/Extension Section to request for reenlistment or extension documents.

PROCESS FOR ADVANCE TRAVEL

a. For members requesting advance travel, CPC will submit a TOPS Job to PSD Travel Section with the following documents:

b. Advance Travel Request Form (Note: There is only one form that CPS will accept. Ensure member fills out the EFT information on this form (section 5). If member wants TDY Per Diem in advance, then make sure member fills out section 4 of this form.

c. Copy of Orders

d. Copy of Page 2 (if member is requesting advance travel for his/her dependents)

PROCESS FOR ADVANCE PAY REQUEST

a. For members requesting advance pay, CPC will submit the following documents, together with the Transfer Package, to PSD Transfer Section:

(1) Advance Pay Certification/Authorization
(2) Copy of orders

NOTE: If executing PCS orders and transferring in the same geographical area, advance pay is not authorized unless HHG are moved at government expense.

PROCESS FOR TRANSFERRING MEMBERS WITH STO ORDERS

a. Ship's CPC will generate STO orders. Make sure the date in the transfer code block (lower hand corner) on the STO is the date member is transferred from your command. This is the date PSD will use to process the loss event.

b. Ensure member has Transfer Eval/FITREP prior to member's transfer.

c. Send member with STO and Transfer Eval/FITREP to PSD to check out member's service record.

PSD CHECK-OUT PROCEDURE

- Member is directed to report to PSD (uniform is required) on his/her transfer date for transfer processing and to check out his/her service record.
- Members can only transfer within their detach month as stated in the orders, not a month earlier. Exception: NAVADMIN 191/07.
- Members will be detached from their command and their service record released to them on the **COMMAND APPROVED TRANSFER DATE ONLY,** as shown in the Transfer Information Sheet (TIS), or any day thereafter.
- If member is transferring on the Saturday, Sunday, or a Holiday, the service record WILL NOT be released to him/her any day prior to his/her transfer date. CPC may check out member's service record NLT Friday and forward record to member on member's transfer date.
- CPC is the only person authorized to pick up service records for members prior to their transfer date.
- If ship is deployed and member elects to travel straight to his/her next command, PSD will forward service record to member's next servicing PSD or Personnel Office.

TRANSFER INFORMATION SHEET

		DATE:
NAME:	RANK:	SSN:

ULTIMATE DUTY STATION: UIC:	INTERMEDIATE DUTY STATION: UIC:

TRANSFER MONTH	LEAVE AUTHORIZED	TRAVEL/PROCEED TIME TT/ PT	REPORT NO LATER THAN

OBLISERV REQUIRED TO:
HIV REQUIRED WITHIN 24 MONTHS OF EDD.

AUTHORIZING SIGNATURE:	TITLE: PERSOFF BYDIRCO

DESIRED TRANSFER DATE:	TYPE OF TRAVEL DESIRED: COMMERCIAL/POV:	DESIRED NUMBER OF LEAVE:

LEAVE ADDRESS AND PHONE:	NAME AND ADDRESS OF NEXT OF KIN:

ADVANCE PAY DESIRED: YES/NO	MONTH(S) REQUESTED:	MOS PAYBACK DESIRED: 12/2

ADVANCE TRAVEL: YES/NO	ADVANCE DEPENDENT TRAVEL: YES/NO
ADVANCE PER DIEM: YES/NO	DISLOCATION ALLOWANCE: YES/NO

I elect Proceed Time prior to/after TDY, if applicable.
I will/will not acquire OBLISERV, if applicable.

MEMBER'S SIGNATURE

The desires expressed by the member are approved/disapproved with the following modifications:

LPO	DEPT HEAD
LCPO	XO /APPROVED TRF DATE
DIVO	

FIGURE 1

SUPPORTING DOCUMENTATION OPNAVINST 1300.14

MEMBER'S NAME:			SSN:	DATE:
PRESENT SHIP/STATION:	UIC:	OVERSEAS LOCATION:		UIC:
NUMBER OF DEPENDENTS:				

PART I: COMMAND REVIEW - The purpose of the Command Review is to determine, via record review and personal interview, member and spouse/family member(s)' suitability for overseas duty/life in the assigned overseas location. (To be completed by Commanding Officer of transferring command.) Refer to MILPERSMAN Articles 1300-302 and 1300-304. Any questions checked "YES" (with the exception of questions 11 and 15), disqualifies member for overseas assignment. If command still recommends member should be considered for overseas assignment, submit waiver request per MILPERSMAN 1300-302.

1. ☐ YES ☐ NO Has the member or any spouse/family member(s) previously been reassigned, prior to normal tour completion, due to their unsuitability?

2. ☐ YES ☐ NO (For Enlisted Personnel) Does the member refuse to obligate sufficient service (OBLISERV) to complete the prescribed tour? If "NO", ensure member reenlists (NAVPERS 1070/621) to incur sufficient OBLISERV, per MILPERSMAN 1306-106. Page 13 entries for OBLISERV are prohibited. **(OBLISERVE MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS)**. For SRB issues, see the current NAVADMIN.

3. ☐ YES ☐ NO (E5 and above) Does the member, spouse, or family member(s) have serious problems of indebtedness, credit loss or other financial problems which have not been reconciled with the creditor(s) or interested parties (i.e., bankruptcy)?

   ☐ YES ☐ NO a. (E4 and below) Member must complete debt-to-income (DTI) ratio screening IAW OPNAVINST 1740.5A, (Command Financial Specialist Training Manual 15608). Is DTI ratio 30% or greater?

4. ☐ YES ☐ NO Has the member been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or had any involvement in any ongoing civil or criminal action?

5. ☐ YES ☐ NO Has spouse or any family member(s) been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or have any involvement in any ongoing civil or criminal action?

6. ☐ YES ☐ NO Does the member have a record of any involvement with illegal drugs or alcohol within the past 24 months? For alcohol related cases, if member has completed an education or early intervention program, they are suitable for overseas assignment and this question can be answered "NO".

7. ☐ YES ☐ NO Does the spouse/family member(s) have a record of any involvement with illegal drugs or alcohol within the past 24 months?

8. ☐ YES ☐ NO Is the member or spouse/family member(s) involved in an open FAP (Family Advocacy Program) case that is still under investigation or for which treatment is still ongoing? (Any case/cases that has/have been adjudicated "Closed," shall not be considered disqualifying).

   ☐ YES ☐ NO a. In any case, does the local FAP representative have any reason to NOT favorably endorse member with family members for overseas duty?

9. ☐ YES ☐ NO Was the member's spouse previously a member of the armed forces and the characterization of separation other than "Honorable"? Explain in the remarks section.

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FIGURE 2

MEMBER'S NAME:	**SSN:**	**DATE:**

10. ☐ YES ☐ NO Are there any concerns whether member/spouse has legal custody of all accompanying minor family members?

11. ☐ YES ☐ NO Are any of the member's family members covered in a custody agreement? If "NO," go to question 12.

☐ YES ☐ NO a. Does agreement prevent removal of family members from CONUS without prior court approval or agreement between the interested parties? If "NO," go to question 12.

☐ YES ☐ NO b. Has member obtained prior court approval of requisite agreement from other interested party for removal of family members from CONUS, if required by state law? (Please note: Navy policy does not require a separate agreement if not required by state law.)

12. ☐ YES ☐ NO Single parents/military couples with family members. Are there any reasons why family member care requirements cannot be met in accordance with OPNAVINST 1740.4A?

NOTE: While the unique situation of single parents with family members is not in itself disqualifying, this fact should be pointed out upon submission of message certification of screening to NAVPERSCOM (PERS-40)/(EPMAC.)

13. ☐ YES ☐ NO (For Enlisted Personnel) Is member an initial accession enroute to their first duty station with pre-service moral waiver(s) (drug, alcohol, or criminal)?

14. ☐ YES ☐ NO Does member have a history of unsatisfactory or below standard performance (any mark below 3.0) or any NJPs in the last two years?

15. ☐ YES ☐ NO Has member and adult dependents received "Level I" Antiterrorism Force Protection (Level III for O-5/O-6 Commanding Officer Awareness Training), prior to transfer, and recorded on Page 13? (Contact your local Family Service Center if training is not available at your command)

FOR PERSONNEL E-3 AND BELOW: Ensure the member has been counseled that personnel in these paygrades, having family members, will not be assigned accompanied overseas duty. Members can be assigned unaccompanied based on readiness needs. (NOTE: Single E-3 and below who acquire (a) family member(s) en route and bring them without dependent entry approval/command sponsorship, will most probably return them at personal expense and serve the complete area tour unaccompanied.)

I have been counseled on the above: ☐ YES ☐ NO

MEMBER'S SIGNATURE:	**DATE:**

REMARKS:

I, _____, am aware that the failure to divulge disqualifying information or amplifying information (medical, dental, personal) pertaining to the questions on this checklist may ultimately result in disciplinary action punishable under the UCMJ.

MEMBER (NAME, RANK/RATE):	**MEMBER (SIGNATURE):**	**DATE:**
INTERVIEWER (NAME, RANK/RATE, COMMAND TITLE):	**INTERVIEWER (SIGNATURE):**	**DATE:**

FIGURE 2

MEMBER'S NAME:	SSN:	DATE:

PART II: RECOMMENDATION OF COMMANDING OFFICER (OR OIC) OF MEDICAL TREATMENT FACILITY.

Based on the information available as a result of screening and on the capabilities of the Medical/Dental Treatment Facility in the area of assignment to which ordered, the following recommendation is forwarded:

1. Medical, dental and educational screening was conducted per BUMEDINST 1300.2.
2. Recommendation is based on a review of NAVMED 1300/1, Part I and II. One form has been completed for each service and family member screened.
3. If a shaded block is checked on NAVMED 1300/1, coordination is required with the gaining MTF/DTF supporting the overseas, remote duty or operational location or with the senior medical department representative of an operational platform. Coordination must indicate whether or not required medical, dental or educational capabilities are available.
4. Family member screening is not required if an unaccompanied tour of 24 months or less (Exception: Screening is required for Diego Garcia/Souda Bay, Crete).
5. Do not forward sensitive medical or personal information with this form.

The following recommendation(s) are made based on a review of each NAVMED 1300/1, Part I and II, and if required, the response from the gaining MTF/DTF or senior medical department representative of the gaining command:

☐ YES ☐ NO **SERVICE MEMBER IS SUITABLE FOR THIS ASSIGNMENT.**

FAMILY MEMBERS SUITABILITY FOR THIS ASSIGNMENT:

☐ YES ☐ NO (NAME)	☐ YES ☐ NO (NAME)
☐ YES ☐ NO (NAME)	☐ YES ☐ NO (NAME)
☐ YES ☐ NO (NAME)	☐ YES ☐ NO (NAME)

The following family member(s) were referred for Exceptional Family Member Program (EFMP) enrollment (DO NOT DELAY SCREENING FOR ESM DETERMINATION):

NAME(s):

NAME OF CO/OIC OR DESIGNEE OF MEDICAL TREATMENT FACILITY:	DATE:	SIGNATURE OF CO/OIC OR DESIGNEE OF MEDICAL TREATMENT FACILITY:

FIGURE 2

MEMBER'S NAME:	SSN:	DATE:
PART III: CMC/COB/SEA ENDORSEMENT		
On the basis of all available information, I endorse ☐/ I do not endorse ☐ the member's orders for the overseas assignment.		
CMC/COB/SEA (NAME, RANK)	CMC/COB/SEA (SIGNATURE)	DATE
PART IV: COMMANDING OFFICER'S ENDORSEMENT		
On the basis of all available information, I endorse ☐/ I do not endorse ☐ the member's orders for the overseas assignment.		
Commanding Officer (Name, Rank)	Commanding Officer (Signature)	Date
REMARKS:		

PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS OR FAILURE TO PROVIDE REQUIRED INFORMATION, MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST

FIGURE 2

REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

(Use proper message format containing the following:)

FM SCREENING COMMAND
TO COMNAVPERSCOM MILLINGTON TN//PERS-40(enlisted only)/
PERS-451/PERS-Code for Detailer//
EPMAC NEW ORLEANS LA//47//(for non-designated SN, FN & AN)
INFO Gaining Overseas Activity
Gaining Medical Treatment facility if medical problem identified.
BT
UNCLAS //N01300//
MSGID/GENADMIN/SCREENING COMMAND//
SUBJ/REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT ICO NAME, RANK RATE, SSN//
REF/A/DOC/DATE//
REF/B/GENADMIN/CNPC or EPMAC/DATE//
REF/C/type i.e., DOC, LTR, GENADMIN/originator/DATE or Date-Time-Group//
NARR/REF A IS MILPERSMAN, REF B IS ORDERS (include TC no.), REF C IS (i.e., correspondence to gaining medical treatment facility for availability of service, etc., if applicable.)//
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**
RMKS/1. OVERSEAS ASSIGNMENT SUITABILITY SCREENING PER REFS A AND B HAS BEEN COMPLETED. SNM (AND DEPENDENTS if applicable) ARE SUITABLE FOR OVERSEAS ASSIGNMENT:
A. COMPLETED NAVPERS 1300/16, REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT WAS FILED IN MEMBER'S SERVICE RECORD AND SIGNED BY NAME/RANK/TITLE/DATE.
B. SNM HAS SUFFICIENT OBLISERV (OR WILL INCUR) TO COMPLETE DOD AREA TOUR LENGTH.
C. ANTI-TERRORISM TRAINING HAS BEEN COMPLETED AND FILED IN SERVICE RECORD (INCLUDING DEPENDENTS).
2. __ NUMBER OF DAYS TO COMPLETE SCREENING. (calculate from date of receipt of message or from SDS print date)//
BT

FIGURE 2

REPORT OF UNSUITABILITY FOR OVERSEAS ASSIGNMENT

(Use proper message format containing the following:)

FM SCREENING COMMAND
TO COMNAVPERSCOM MILLINGTON TN//PERS-40(enlisted only)/
PERS-451/PERS-Code for Detailer//
EPMAC NEW ORLEANS LA//47//(for non-designated SN, FN & AN)
Losing MCA
Gaining MCA
INTENDED OVERSEAS ACTIVITY
INFO Intended Medical Treatment facility that cannot handle member or family
BUMED WASHINGTON DC//31//(if medical unsuitability)
BT
UNCLAS //N01300//
MSGID/GENADMIN/SCREENING COMMAND//
SUBJ/REPORT OF UNSUITABILITY FOR OVERSEAS ASSIGNMENT ICO NAME, RANK RATE, SSN//
REF/A/DOC/DATE//
REF/B/GENADMIN/CNPC or EPMAC/DATE//
REF/C/type i.e., DOC, LTR, GENADMIN/originator/DATE or Date-Time-Group//
NARR/REF A IS MILPERSMAN, REF B IS ORDERS (include TC no.), REF C IS (i.e., correspondence to gaining medical treatment facility for availability of service, etc., if applicable.)//
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**
RMKS/1. OVERSEAS ASSIGNMENT SUITABILITY SCREENING PER REFS A AND B HAS BEEN COMPLETED. SNM IS UNSUITABLE FOR OVERSEAS ASSIGNMENT:
A. COMPLETED NAVPERS 1300/16, REPORT OF UNSUITABILITY FOR OVERSEAS ASSIGNMENT WAS FILED IN MEMBER'S SERVICE RECORD AND SIGNED BY NAME/RANK/TITLE/DATE.
B. APPROPRIATE NAVPERS 1070/613, ADMINISTRATIVE REMARKS ENTRY WAS COMPLETED AND SIGNED BY NAME/RANK/TITLE/DATE.
C. Reason for unsuitability.
D. Request for waiver and state justification for waiver request if applicable.
2. __ NUMBER OF DAYS TO COMPLETE SCREENING. (calculate from date of receipt of message or from SDS print date)//
BT

FIGURE 2

INTERIM REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

(Use proper message format containing the following:)

FM SCREENING COMMAND
TO COMNAVPERSCOM MILLINGTON TN//PERS-40(enlisted only)/
PERS-451/PERS-Code for Detailer//
EPMAC NEW ORLEANS LA//47//(for non-designated SN, FN & AN)
INFO Gaining Overseas Activity
Gaining Medical Treatment facility if medical problem identified.
BT
UNCLAS //N01300//
MSGID/GENADMIN/SCREENING COMMAND//
SUBJ/INTERIM REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT ICO NAME, RANK RATE, SSN//
REF/A/DOC/DATE//
REF/B/GENADMIN/CNPC or EPMAC/DATE//
REF/C/type i.e. DOC, LTR, GENADMIN/originator/DATE or Date-time-group//
NARR/REF A IS MILPERSMAN, REF B IS ORDERS (include TC no.), REF C IS (i.e., correspondence to gaining medical treatment facility for availability of service, etc., if applicable.)//
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**
RMKS/1. OVERSEAS ASSIGNMENT SUITABILITY SCREENING PER REFS A AND B IS IN PROCESS. Explain reason for delay (Medical, Dental, etc.) and provide estimated completion date.
BT

NOTE: Provide an updated interim report every 30 days until suitability determination can be made.

******FOR MEMBERS THAT ARE GOING TO A TYPE 2 (SHIP) DUTY, YOU ARE REQUIRED TO COMPLETE AN OPERATIONAL DUTY SCREENING******

Operational Screening Status Report

(Use proper message format containing the following:)

FM Transferring Command
TO BUPERS MILLINGTON TN//PERS-40BB/APPLICABLE DETAILER (for rated enlisted personnel)/APPLICABLE OFFICER DETAILER FOR OFFICER//
INFO EPMAC NEW ORLEANS LA//47(for non-rated personnel)//
GAINING COMMAND (IF APPLICABLE)
BUMED WASHINGTON DC//M3F//
BT
UNCLAS // N01300//
MSGID/GENADMIN//
SUBJ/OPERATIONAL SCREENING STATUS REPORT ICO NAME, RATE, SSN//
REF/A/DOC/BUPERS/DMY//
REF/B/DOC/BUMED/DMY//
REF/C/RMG/BUPERS ORDER/DTG//
NARR/REF A IS MILPERSMAN 1300-800 OPERATIONAL SCREENING PROCESS. REF B IS BUMEDINST 1300.2. REF C IS ORDER XXXX//
POC/NAME/RANK/UNIT IDENTIFIER/TEL:DSN/COMM/EMAIL IF APPLICABLE//
RMKS/1. ORIG UNABLE TO COMPLETE OPERATIONAL SCREENING PER REFS A THRU C WITHIN THE 30-DAY TIME PERIOD.
2. REASON FOR DELAY:
3. ANTICIPATED COMPLETION DATE:
4. ADDITIONAL INFO FROM MTF (IF ANY):
5. PROVIDER'S NAME, RANK, TELEPHONE NUMBER, AND E-MAIL ADDRESS.
6. COMMANDING OFFICER'S COMMENTS:
BT

FIGURE 2

(Use NAVPERS 1070/613 (Rev. (10-81), Administrative Remarks containing the following:)

NAVPERS 1070/613, Administrative Remarks

(DATE) SUITABILITY FOR OPERATIONAL DUTY

1. Operational screening per BUPERS Order XXXX completed. Member is fully suitable for operational duty.

2. Reason for screening: Orders to Type 2/operational duty.

U. R. SEAWORTHY
By direction

(DATE): I hereby acknowledge the above NAVPERS 1070/613 entry and that I am fully suitable for operational duty.

_____
(Member's Signature)

SPECIAL SCREENING E.I. (INSTRUCTOR/RECRUITER ETC.)

Special Programs Screening Deficiency Report (SPSDR). Exhibit 3 provides the format for submitting a SPSDR. This message is used to report discrepancies discovered as a result of the screening, conducted by the transferring command. It is sent to the transferring command, info NAVPERSCOM (PERS-4010 and applicable detailer).

SPECIAL PROGRAM SCREENING FORM

SUPPORTING DIRECTIVE MILPERSMAN 1306-900

RATE/RANK:	NAME:
SSN:	PROPOSED DETACHMENT DATE:

PROPOSED PROGRAM/DUTY STATION:

SECTION A: GENERAL CRITERIA

		INTERVIEWER'S INITIALS
☐ YES ☐ NO	1. Within the past 36 months, has member been found unsuitable or disqualified for any previous special program(s)?	
☐ YES ☐ NO	2. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention and promotable or higher for advancement for the past 36 months?	
☐ YES ☐ NO	3. Has member had any NJP, courts-martial, civil conviction, or significant involvement with civil authorities within the past 36 months?	
☐ YES ☐ NO	4. Has member had any alcohol related incidents in the past 36 months?	
☐ YES ☐ NO	5. Has member had any involvement with illegal drugs in the past 36 months?	
☐ YES ☐ NO	6. Has member signed the required OBLISERV for this program?	
☐ YES ☐ NO HT INCHES WT POUNDS BF %	7. Is member currently within height, weight, or body fat standards, and has member passed the most recent, regularly scheduled Physical Fitness Assessment (PFA)?	

PERSONNEL OFFICER'S NAME AND RANK:	PERSONNEL OFFICER'S SIGNATURE:	DATE:

SECTION B: MEDICAL/DENTAL SCREENING

		INTERVIEWER'S INITIALS
☐ YES ☐ NO	1. Has member completed required medical screening for this program? If "no", will the gaining MTF accept?	
☐ YES ☐ NO	2. Is member in proper dental class for PCS transfer?	

MEDICAL OFFICER'S NAME AND RANK:	MEDICAL OFFICER'S SIGNATURE:	DATE:
DENTAL OFFICER'S NAME AND RANK:	DENTAL OFFICER'S SIGNATURE:	DATE:

SECTION C: FINANCIAL/COMMAND MASTER CHIEF SCREENING

☐ YES ☐ NO Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A, and is the member financially stable?

COMMAND FINANCIAL SPECIALIST'S NAME AND RANK:	COMMAND FINANCIAL SPECIALIST SIGNATURE:	DATE:

FIGURE 2

SPECIAL PROGRAM SCREENING FORM (CONTINUED)

SUPPORTING DIRECTIVE MILPERSMAN 1306-900

☐ YES ☐ NO This member meets requirement and assignment to Special Programs and is appropriate.		
COMMAND MASTER CHIEF NAME AND RANK:	COMMAND MASTER CHIEF SIGNATURE:	DATE:

SECTION D: ADDITIONAL REQUIREMENTS (AS APPLICABLE)

	INTERVIEWER'S INITIALS
☐ YES ☐ NO 1. Does member have required NEC/School/ASVAB for this program?	
☐ YES ☐ NO 2. Does member have required security clearance?	
☐ YES ☐ NO 3. Does member have valid driver's license? State: License Number: Expiration Date:	
☐ YES ☐ NO 4. Has member completed swim qualification for this program?	
☐ YES ☐ NO 5. Does member have visible tattoos?	
☐ YES ☐ NO 6. Has member completed one successful tour working in rate?	

COMMAND CAREER COUNSELOR'S NAME AND RANK:	COMMAND CAREER COUNSELOR'S SIGNATURE:	DATE:

Master Training Specialist/Senior Enlisted Instructor Recommendation: *(Include a personal interview statement from a Master Training Specialist or Senior Enlisted Instructor.)*

MASTER TRAINING SPECIALIST/SENIOR ENLISTED INSTRUCTOR NAME AND RANK:	MASTER TRAINING SPECIALIST/SENIOR ENLISTED INSTRUCTOR SIGNATURE:	DATE:

ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. By signing this form I acknowledge that I must maintain my suitability throughout my assignment to Special Programs.

MEMBER'S NAME AND RANK:	MEMBER'S SIGNATURE:	DATE:

FIGURE 2

SPECIAL PROGRAM SCREENING FORM (CONTINUED)

SUPPORTING DIRECTIVE MILPERSMAN 1306-900

COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT

☐ YES ☐ NO 1. Are there any other compelling reasons why servicemember should not be transferred?

Initial certification upon nomination. ☐ APPROVAL ☐ DISAPPROVAL	RE-CERTIFICATION WITHIN FIVE WORKING DAYS OF TRANSFER. MEMBER CONTINUES TO MEET ALL REQUIREMENT. INITIALS BELOW ARE REQUIRED. _____ FINAL APPROVAL _____ FINAL DISAPPROVAL

Command Endorsement: *(A summary statement evaluating the applicant is required. Provide written recommendation from Commanding Officer indicating member's potential to perform and excel in an instructor billet.)*

☐ APPROVAL ☐ DISAPPROVAL

ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND. ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. A COPY OF THIS FORM HAS BEEN FILED IN MEMBER'S SERVICE RECORD.

NAME AND RANK:	SIGNATURE:	DATE:

PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY IN RESPONSE TO, OR DISAPPROVAL, OF YOUR REQUEST.

FIGURE 2

SPECIAL PROGRAM SUITABILITY/UNSUITABILITY REPORT
(Use proper message format containing the following:)

FM TRANSFERRING COMMAND
TO COMNAVPERSCOM MILLINGTON TN//PERS40/PERS (DETAILER)//
EPMAC NEW ORLEANS LA (ONLY FOR NON-RATED SN, FN, AN)//47//
INFO INTENDED GAINING ACTIVITY//JJJ//
BT
UNCLAS //N01300//
MSGID/GENADMIN/REQUESTING CMD/-/MMM//
SUBJ/SPECIAL PROGRAM SUITABILITY (OR UNSUITABILITY), ICO NAME, RATE, SSN//
REF/A/DOC/NPC/DATE//
REF/B/GENADMIN/ORGINATOR/DDHHMMZMMYY// (IF APPLICABLE)
NARR/REF A IS MILPERSMAN ARTICLE 1306-XXX, REF B IS WAIVER REQUEST (IF APPLICABLE).//
POC/NAME/RATE/UNIT IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**
RMKS/1. IAW REF A AND B, SNM IS SUITABLE (OR UNSUITABLE) FOR _____ PROGRAM.

A. REASON FOR UNSUITABILITY: (EXPLAIN WITH SPECIFIC DETAILS).
B. REPORT OF SUITABILITY WAS FILED IN SERVICE RECORD.
C. SNM HAS __ MONTHS OF OBLISERV FOR SPECIFIED PROGRAM.//

SPECIAL PROGRAM WAIVER REQUEST

(Use proper message format containing the following:)

FM REQUESTING COMMAND
TO COMNAVPERSCOM MILLINGTON TN//PERS40/PERS (DETAILER)//
EPMAC NEW ORLEANS LA (ONLY FOR NON-RATED SN, FN, AN)//47//
INFO INTENDED GAINING ACTIVITY//JJJ//
BT
UNCLAS //N01300//
MSGID/GENADMIN/REQUESTING CMD/-/MMM//
SUBJ/SPECIAL PROGRAM WAIVER ICO NAME, RATE, SSN//
REF/A/DOC/NPC/DATE//
AMPN/REF A IS MILPERSMAN ARTICLE 1306-900.//
POC/NAME/RATE/UNIT IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**
RMKS/1. IAW REF A, REQUEST A WAIVER FOR SNM FOR THE _____ PROGRAM.
A. SECTION __, ITEM NO ___ (FROM SPECIAL PROGRAM SCREENING FORM)
B. EXPLAIN/SPECIFICS
2. CO'S JUSTIFICATION/RECOMMENDATION: (3 LINES MAX)//

SPECIAL PROGRAM SCREENING DEFICIENCY REPORT (SPSDR)

(Use proper message format containing the following:)

FM
TO
INFO
BT
UNCLAS //N01300//
MSGID/GENADMIN/(receiving cmd)//
SUBJ/SPECIAL PROGRAM SCREENING DEFICIENCY REPORT ICO
NAME/RATE/SSN//
REF/A/DOC/COMNAVPERSCOM/DATE//
AMPN/REF A IS MILPERSMAN ARTICLE 1306-XXX.//
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**
RMKS/1. IAW REF A, THE FOLLOWING IS SUBMITTED DUE TO IMPROPER SPECIAL PROGRAM SCREENING FOR (list program title):

A. MEMBER: NAME, RATE/RANK, AND SSN

B. WAS SCREENING FORM FILED IN SERVICE RECORD? GIVE NAME/RANK/TITLE/DATE OF INDIVIDUAL SIGNING SCREENING FORM.

C. TRANSFERRING COMMAND AND UIC.

D. EXPLAIN FULLY THE REASON SNM IS CONSIDERED IMPROPERLY SCREENED.

E. IF SNM WAS PROPERLY SCREENED, DID PROBLEMS DEVELOP AFTER ARRIVAL? EXPLAIN FULLY.

F. IS SNM CONSIDERED MARGINALLY UNSUITABLE BUT COULD CONTINUE SPECIAL PROGRAM DUTY? EXPLAIN FULLY.

G. ARE DISQUALIFYING FACTORS SO SEVERE THAT SNM SHOULD BE REASSIGNED? EXPLAIN FULLY.//

NOTE: This report is sent to the transferring command info COMNAVPERSCOM (PERS-4010 and applicable detailer).

DATE

MEMORANDUM

From: Personnel Officer
To: Medical Officer

Subj: PHYSICAL/MEDICAL RECORD SCREENING REQUIREMENT ICO NAME, USN, SSN

Ref: (a) BUPERS Orders ICO SNM

1. To comply with Reference (a), the following information is required:

☐ a. HIV Test

☐ b. Operational Duty Screening

2. It is requested that you complete the first endorsement and return this memorandum to the Personnel Office not later than 14 days from date of receipt of orders.

SIGNATURE

FIRST ENDORSEMENT DATE

From: Medical Officer
To: Personnel Officer

Subj: PHYSICAL/MEDICAL RECORD SCREENING REQUIREMENT ICO NAME, USN, SSN

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. Operational Duty screening was completed on _____.

2. Member is ☐ qualified / ☐ not qualified for _____ duty.

3. 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

_____
MEDICAL OFFICER SIGNATURE

FIGURE 3

DATE

MEMORANDUM

From: Personnel Officer
To: Dental Officer

Subj: DENTAL RECORD SCREENING REQUIREMENT ICO NAME, USN, SSN

Ref: (a) BUPERS Orders ICO SNM

1. Per Reference (a), Dental screening test are required to be completed and documented prior to transfer.

2. It is requested that you complete the first endorsement and return this memorandum to the Personnel Office not later than 14 days from date of receipt of orders.

SIGNATURE

FIRST ENDORSEMENT DATE

From: Dental Officer
To: Personnel Officer

Subj: DENTAL RECORD SCREENING REQUIREMENT ICO NAME, USN, SSN

1. Member is ☐ qualified / ☐ not qualified for _____ duty.

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

_____
DENTAL OFFICER SIGNATURE

FIGURE 3

DEPENDENT ENTRY APPROVAL GUIDELINES:

Dependent Entry Approval

Printer Friendly

1. Dependent Entry Approval (DEA) is a Navy process to obtain permission from an area commander to bring dependents into a specific area. Approval/disapproval is based on Status of Forces Agreements (SOFA), family support capabilities and/or limited local support based on geographically isolated areas, and is only required for the areas listed below. DEA is an area commander responsibility and all questions regarding DEA should be directed to the designated action address listed below.

2. **DEA must be used in conjunction with additional information/requirements listed on the DOD Electronic Foreign Clearance Guide website.** In addition to DEA, many countries have other varying mandatory entry requirements and restrictions for service members and their dependents, such as VISAs, passports, SOFA stamps, NATO orders, etc., that are listed in the Foreign Clearance Guide (FGC). Sailors that are transferring to an overseas area, and their commands, are required to carefully check and comply with all area/country entry requirements in the FCG.

3. All personnel executing Permanent Change of Station (PCS) orders who desire to have family members accompany them to the below locations must submit a request for DEA upon completion of Overseas Screening (**MILPERSMAN1300-300** applies). **The request must be submitted at least 4 months prior to arrival.**

4. Navy Personnel Command posts this information for the convenience of the area commanders. Area commanders or their designated representative are responsible for the information below and can contact COMNAVPERSCOM Millington TN via email at pers451@navy.mil to update this website. Please do not contact Foreign Clearance Guide personnel to update Navy Dependent Entry information - they will refer you to Navy Personnel Command.

5. Areas Requiring Dependent Entry Approval:

Area/Command	Submit Message Request to	Info Copy to New Duty Station And:
Alaska	HQ ALCOM ELMENDORF AFB AK	PERSUPP DET EVERETT WA
Andros Island	AM EMBASSY NASSAU	PERSUPP DET NTC ORLANDO FL NAVUNSEAWARCEN DET AUTEC ANDROS ISLAND BAHAMAS
Australia	USDAO CANBERRA ACT AS	PERSUPP DET PEARL HARBOR HI
Sydney	USDAO CANBERRA ACT AS	PERSUPP DET PEARL HARBOR HI COMNAVMARIANAS GUAM
Alice Springs	NAVIODET ALICE SPRINGS NT AS	PERSUPP DET FT GEORGE MEADE MD

Bahrain	NAVSUPPACT BAHRAIN	COMUSNAVCENT PERSUPP DET BAHRAIN
Cuba	COMNAVBASE GUANTANAMO BAY CU	PERSUPPDET GUANTANAMO BAY CU
Egypt	Activity to which ordered	PERSUPP DET PEARL HARBOR HI
Germany ---------- Augsburg (Bad Aibling) ---------- Bremerhaven ---------- Pirmasens ---------- Stuttgart	Activity to which ordered ---------- NAVSECGRUACT AUGSBURG GE ---------- MSCO NOREUR BREMERHAVEN GE ---------- CDR USAMMCE PIRMASENS GE ---------- USN PERSUPPDET VAHINGEN GE	USN PERSUPPDET VAHINGEN GE
Greece ---------- Larissa (Tyrnavos)	Dependent travel not authorized except for Larissa. ---------- PERSUPP DET CUSERVDESK SOUDA BAY GR	NAVSUPPACT SOUDA BAY GR
Hawaii (Barking Sands only)	PACMISRANFAC HAWAREA BARKING SANDS HI	New duty station only
Iceland (Note 1)	NAS KEFLAVIK IC ATTN: CODE 90	PERSUPP DET KEFLAVIK IC
Indonesia For duty with DAO ---------- For duty with OMADP ---------- For duty with NAMRU2	USDAO JAKARTA ID	PERRSUPP DET WASHINGTON DC ---------- PERSUPP DET PEARL HARBOR HI ---------- PERSUPP DET CUSERVDESK SINGAPORE
Italy (No-fee Passport & Visa required for all locations. DEA required for below locations only) Gaeta ---------- La Maddalena ---------- Sardinia	NAVSUPPACT GAETA IT ---------- NAVSUPPACT LA MADDALENA IT	COMUSNAVEUR NAPLES IT PERSUPP DET NAPLES IT ---------- PERSUPP DET NAPLES IT ---------- PERSUPP DET NAPLES IT COMSUBGRU EIGHT
Japan Yokosuka ---------- Sasebo ---------- Atsugi ---------- Misawa ---------- Iwakuni ----------	PERSUPP DET YOKOSUKA JA ---------- PERSUPP DET SASEBO JA ---------- PERSUPP DET CUSERVDESK ATSUGI JA ---------- PERSUPP DET MISAWA JA ---------- PERSUPP DET CUSERVDESK IWAKUNI JA ----------	PERSUPPACT PACIFIC YOKOSUKA JA and COMNAVFORJAPAN YOKOSUKA JA for all locations

Okinawa ---------- Camp Butler, 3rd FSSG & FMF PAC	PERSUPP DET OKINAWA KADENA JA ---------- CG MCB CAMP BUTLER JA	
Kenya Mombasa	KUSLO NAIROBI KE	New duty station only
Korea Seoul/Pohang/ Pyongtaek/ Yechon/Taego ---------- Chinhae/Pusan	COMNAVFORKOREA SEOUL KOR ---------- COMFLEACT CHINHAE KOR	PERSUPPACT PACIFIC YOKOSUKA JA for all ---------- PERSUPP DET CUSERVDESK CHINHAE KOR
Kuwait	AMEMBASSY KUWAIT	New duty station only
Malaysia (Note 2)	USDAO KUALA LUMPUR MY	New duty station only
New Zealand	USDAO WELLINGTON NZ	New duty station only
Puerto Rico	NAVSTA ROOSEVELT ROADS RQ	PERSUPP DET ROOSEVELT ROADS RQ
Republic of China	Activity to which ordered	New duty station only
Saudi Arabia	CHUSMTM MEDI DHAHRAN SA	CHNAVSECMTM RIYADH SA
Singapore (Note 3) - No-fee Passport required for all Singapore locations. ---------- U.S. Embassy	COMLOG WESTPAC ---------- USDAO SINGAPORE SN	PERSUPPACT PACIFIC YOKOSUKA JA PERSUPP DET CUSERVDESK SINGAPORE SN USDAO SINGAPORE SN
Spain (The below location is the only area that requires DEA) Madrid	COMNAVACTS SP	ODC MADRID SP PERSUPP DET ROTA SP
Sri Lanka	USDAO COLOMBO CE	New duty station only
Thailand (Dependent travel not authorized except): MAAG/MISSION/ MILITARY GROUPS	New duty station	New duty station only
Turkey Ankara ---------- Izmir	ODC ANKARA TU//ALD-A ---------- COMSTRIKFORSOUTHREPIZMIR JSG IZMIR	New duty station only
United Kingdom Mildenhall ----------	NAF RAF MILDENHALL UK ----------	PERSUPP DET LONDON UK COMNAVREG EUR NAPLES IT

St. Mawgan	JMF ST MAWGAN UK	---------- PERSUPP DET CUSERVDESK ST MAWGAN UK

Note 1: Concurrent travel and dependent entry approval will be authorized for the following Iceland Navy billets: COMICEDEFOR, COMFAIRKE CO NAS, CHIEF OF STAFF FLEET AIR KEF, CO NAVCOMMSTA (0-6 ONLY), XO NAS Concurrent travel and DEA will be authorized for the following Iceland non-Navy billets: CHIEF OF STAFF IDF and NATO EXCHANGE OFFICERS OF CANADA, DENMARK, NORWAY, HOLLAND and GREAT BRITAIN, for those command billets listed above, entry approval will automatically be forwarded to the detaching command by separate message upon receipt of orders by the appropriate command in Iceland.

Note 2: DEA is not required for personnel assigned to the U.S. Defense Attaché Office (DAO) or Security Assistance Officer of the DAO.

Note 3: Passports are mandatory for service members and their dependents traveling to Singapore for permanent assignment. Passport information for the service member(s) and all family members traveling to Singapore must be included in DEA request. Without a passport and a Foreign Identification Number (FIN), you cannot acquire an Immigration Exemption Order and cannot establish residency in the country.

5. The below message format is provided for your convenience. If a section does not apply, mark the applicable paragraph "N/A" and continue with format. If you are using non-naval message systems, the POC line and all information within the RMKS lines are still required.

Message format:

FM Your Command
TO Follow Chart above
INFO New Duty station
Follow chart above
(Note: Do not send this message to COMNAVPERSCOM Millington TN)
BT
UNCLAS //N01300//
MSGID/GENADMIN/your command//
SUBJ/DEPENDENT ENTRY APPROVAL ICO rank/rate name/ssn//
POC/rank name/TEL: /Email: // (a command point of contact is required, not the service member transferring)
RMKS/1. THE FOLLOWING REQUEST IS SUBMITTED FOR DEPENDENT ENTRY APPROVAL.//
A. Rank/rate/civilian rating/SSN. (If E-4, state date of rate.)
B. Name. Complete last name, first name, and middle initial
C. Date of marriage, relation to service member, names of family member(s), and dates of birth for children. For dependent parents, brothers, or sisters enter date of letter from Defense Finance and Accounting Service (DFAS) approving dependency.
D. Nationality of sponsor and family member(s). Enter current citizenship of sponsor and family member(s). (Note: family members that hold foreign passports will require more coordination with PSD, NAVPTO, applicable foreign Embassy's or Consulates)
E. Origin duty station. Enter geographical location of present duty station. In the case of Ships, include the homeport.
F. Address of family member(s). Enter telephone number and current mailing address, including ZIP Code and country where family member(s) are now located.
G. Date departed continental United States (CONUS). If serving on overseas duty, enter date member departed CONUS for present duty. If second or consecutive overseas tour, indicate whether voluntary or involuntary. (If not applicable indicate "N/A.")

H. Months separated from family member(s). Note: Applies only to personnel assigned to a command or unit that is physically separated from homeport for operational or training purposes. Deployment does not include shipyard time away from homeport if change of homeport was authorized.

1.Serving in a fleet unit and deployed for 6 or more consecutive months during the previous 12 months, or for 3 or more consecutive months during the previous 6 months, enter the number of months separated from family by deployment during past year. If not deployed per the above criteria enter "N/A."

2. Serving an unaccompanied overseas tour where dependents are authorized. Enter number of months separated from family if dependent(s) were denied entry approval because of lack of required medical facilities. If entry approval not denied for this reason, enter "NA".

3. Serving an accompanied overseas tour, enter number of months separated from family because of delayed granting of family entry approval due to non-availability reasons. If family entry approval was not delayed, enter "N/A."

4. Serving an unaccompanied overseas tour where family member(s) are not authorized, enter the number of months separated from family. If not applicable, enter "N/A."

5. Serving an Augmentation billet to support GWOT, enter number of months.

I. Transfer directive authority. Enter Date-Time-Group, Transfer Code (TC) number and authority.

J. Detachment date. Enter date member will detach current permanent duty station.

1. If dependents will travel at a later date include this date and reason for separate travel.

K. Ultimate duty station. In the case of ships, include the homeport.

L. Estimated date of arrival at new duty station. Best estimate as to when the member will arrive.

M. Housing preference. Indicate preference for civilian or government housing. Indicate acceptability of civilian housing until government housing becomes available and limit of rental payment authorized. State whether member desires sponsor and whether the sponsor is or is not authorized to act as agent for civilian rental housing.

N. Passports. Advise status of appropriate passports, if completed provide passport numbers and visa requirements and state status of any other requirements IAW Foreign Clearance Guide.

O. Expiration of active obligated service (EAOS) of member or obligated service date of Naval Reserve related information. NOTE: If member must extend for obligated service, member must actually sign an extension. NAVPERS 1070/613, Administrative Remarks entry in the enlisted member's service record is not acceptable for travel overseas.

1. Department of Defense (DOD) prescribed accompanied tour length as indicated in Appendix Q of the JFTR

2. EAOS.

P. Certification of suitability. Provide Date-Time-Group of report of suitability message and statement "member's name and dependents are suitable for residency overseas". Dependent Entry Approval Request does not suffice for reporting overseas screening IAW MILPERSMAN 1300-304.

Q. Remarks. Enter other appropriate information such as "spouse is an accredited teacher," etc. List known ICD9 codes for medical ailments or physical disabilities of family member(s) and any family member(s) who display a physical, emotional or intellectual handicap requiring medically related services. Include family member(s) who are enrolled in the Exceptional Family Member (EFM) Program, and family member(s) who require special education in DODD schools outside the United States. Pregnancy should also be listed.//

BT

PASSENGER RESERVATION REQUEST – PCS TRAVEL

NAVPTO USE ONLY		
NO-AMC CERT (ATTACH PORT CALL IF BOOKED)		
TYPE TRAVEL	AMC NON-USE	MIP
SERVICE BRANCH	TVL ADVISE MSG DTG	

1. COMMAND	2. DATE	3. TYPE
	29-Nov-07	☐ INITIAL ☐ CHANGE

4. PLR/TRAVEL COORDINATOR	5. PHONE	6. E-MAIL ADDRESS

7. MEMBER'S NAME (Last, First, MI)	8. RANK/RATE	9. SSN

10. PHONE	11. E-MAIL ADDRESS	12. DETACHMENT DATE	13. REPORT NLT DATE

14. MEMBER'S OFFICIAL ROUTING (INCLUDING TDY POINTS)
DATE FROM TO

15. TYPE OF TRAVEL
☐ PCS ☐ SEP ☐ RET ☐ COT

16. TRAVEL WINDOW
☐ +7 DAYS ☐ +14 DAYS

17. ALTERNATE ROUTING REQUESTED BY MEMBER
DATE FROM TO

18. FAMILY MEMBER(S) OFFICIAL ROUTING (IF DIFF FROM MEMBER)
D ATE FROM TO

NOTE: MEMBER MUST PAY ADDITIONAL COST, IF ANY.

19. SPECIAL CONSIDERATIONS
☐ INFANT ☐ MEDICAL (SPECIFY)

20. TYPE SEAT REQUESTED (COMMERCIAL AIRCRAFT ONLY)
☐ WINDOW ☐ AISLE ☐ NO SMOKING (IF APPLICABLE)

21. DEPENDENT INFORMATION:

NAME (Last, First, MI)	RELATIONSHIP	DOB (CHILDREN)	PASSPORT NUMBER OR SSN (AS REQUIRED)	EXPIRATION DATE (IF APPLICABLE)

22. PET SHIPMENT REQUEST (NOTE: AMC LIMITS 2 PETS, CATS OR DOGS ONLY, WITH MAXIMUM WEIGHT OF 100 POUNDS EACH)

PET #1 ☐ CAT ☐ DOG CAGE W L H TOTAL WEIGHT LBS AGE SEX BREED
PET #1 ☐ CAT ☐ DOG CAGE W L H TOTAL WEIGHT LBS AGE SEX BREED

23. LODGING
NAVY BASE/SCHOOL LOCATION FOR BQ
IF BQ NOT AVAILABLE PREFERRED HOTEL
GUARANTEE LATE ARRIVAL ☐ YES ☐ NO TIME
IF YES, C/C NAME/NO/EXP:

24. REMARKS

NOTES:
1. THE FOLLOWING ARE NECESSARY FOR THE COMPLETION OF THIS REQUEST:
   - ORIGINAL TRAVEL ORDERS
   - SIGNED PSAFE FORM 4650/9 OR DD FORM 884 (APPLICATION FOR TRANSPORTATION OF DEPENDENTS) IF APPLICABLE
   - CERTIFICATION FOR TRAVEL VIA HOMEPORT, DESIGNATED PLACE, POV PICK UP/GOVT OR COML STORAGE FACILITY, COT/HOR
2. PLAN YOUR TRIP CAREFULLY BEFORE SUBMISSION OF THIS REQUEST. CHANGES TO CONFIRMED FLIGHTS MAY BE MADE ONLY AS A RESULT OF ORDER MODIFICATION OR DUE TO MISSION REQUIREMENTS AND MUST BE APPROVED BY THE COMMANDING OFFICER.

PRIVACY ACT STATEMENT: THE INFORMATION REQUESTED ON THIS FORM IS PROTECTED UNDER AUTHORITY OF T U.S.C. 552a AND THE JOINT TRAVEL REGULATIONS TO PROVIDE A MEANS OF MAKING PERMANENT CHANGE OF STATION (PCS) TRAVEL ARRANGEMENTS. THE FORM IS USED AS A GUIDE FOR PREPARING AN ACCURATE TRAVEL ITINERARY AND REMAINS PART OF THE RETAIN FILE. DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY, HOWEVER COMPLETION OF THIS FORM IS NECESSARY BEFORE TRANSPORTATION CAN BE AUTHORIZED. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION MAY RESULT IN DISAPPROVAL OF TRAVEL REQUEST.

24. MEMBER'S SIGNATURE	25. DATE

PERSON VERIFYING PASSENGER RESERVATION REQUEST AND PSAFE FORM 4650/9 OR DD FORM 884

26. PRINTED NAME (Last, First, MI)	27. SIGNATURE	28. DATE

NAVPTO/PSD USE ONLY

29. ORIGIN	30. INTERMEDIATE	31. ULTIMATE
		☐ CHECK BOX IF AFLOAT OR DEPLOYABLE UNIT

32. NUMBER OF SEATS	33. DETACHMENT DATE	34. APOD	35. ALTERNATE APOD

36. DESIGNATED PLACE OF DEPENDENTS	37. POV SHIPMENT PICK UP/GOVT-COML STORAGE SITE	38. TRAVEL VIA HOMEPORT

39. HOME OF RECORD FOR COT TRAVEL	40. DEFERRED COT	41. TRAVEL ADVANCE
	☐ YES ☐ NO	FROM TO

PSAPAC Form 4650/5 (Rev 6/01)

FIGURE 5

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS

DOD COMPONENT

THE PRIVACY ACT OF 1974. AUTHORITY: 37 U.S.C. 406 (Military); 5 U.S.C. 5724 (Civilian). THE PRINCIPAL PURPOSE: Application for transportation-in-kind of dependents with CONUS used as an authority to issue transportation requests in absence of dependent travel orders. ROUTINE USES: Used in lieu of dependent travel orders by transportation offices to issue transportation requests within CONUS. VOLUNTARY: However, if information is not furnished, transportation would not be furnished.

NAME OF APPLICANT *(Last, First, MI)*	RANK	GRADE	FILE or SERVICE NO./SSN

SHIP OR STATION

NAME OF DEPENDENT FOR WHOM TRANSPORTATION IS REQUESTED *(Last, First, MI)*	RELATIONSHIP* *(Adopted son, step-dau., etc.)*	DATE OF BIRTH *(Children) (YYMMDD)*	LOCATION AT TIME OF RECEIPT OF ORDERS** *(City, State)*

**If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.*

PRESENT ADDRESS OF DEPENDENTS *(Street Address, City, State and ZIP Code)*

OLD PERMANENT STATION	NEW PERMANENT STATION	DATE OF ORDERS *(YYMMDD)*
TRANSPORTATION REQUESTED *(FROM) (City, State)*	*(TO) (City, State)*	*(VIA) (ROUTE) (City, State)*

DATE OF DEPARTURE *(YYMMDD)*	BY *(Air, Rail, etc.)*	FOR TRAVEL OUTSIDE THE U.S., IS GOVERNMENT AIR TRANSPORTATION ACCEPTABLE FOR YOUR DEPENDENTS? YES ☐ NO ☐

***If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.*

I CERTIFY THAT TRANSPORTATION FOR PERSONS LISTED ABOVE, WHO WERE MY DEPENDENTS ON THE EFFECTIVE DATE OF APPLICABLE ORDERS, IS BEING REQUESTED WITH THE INTENT OF ESTABLISHING A BONA-FIDE RESIDENCE. I FURTHER CERTIFY THAT I HAVE NOT MADE APPLICATION OR SUBMITTED CLAIM FOR TRANSPORTATION OF MY DEPENDENTS ON THIS CHANGE OF STATION EXCEPT AS FOLLOWS:

I CERTIFICATE OF PROOF OF DEPENDENCY	*(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)* I CERTIFY THAT MY DEPENDENT(S) *(Relationship)* _____, NAMED ABOVE, IS/ARE IN FACT DEPENDENT UPON ME AND THAT A CERTIFICATE OF DEPENDENCY WAS APPROVED BY THE APPROPRIATE AGENCY, I FURTHER CERTIFY THAT THERE HAS BEEN NO CHANGE IN THE CONDITIONS OF DEPENDENCY SINCE THE CERTIFICATE WAS APPROVED. *(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)*
II CERTIFICATE OF RESIDENCE OF PARENT	*(Required for a dependent parent in addition to I.)* I CERTIFY THAT MY DEPENDENT(S) *(Relationship)* _____, IS/ARE RESIDING AS A MEMBER OF MY HOUSEHOLD AND WILL RESIDE AS A MEMBER OF MY HOUSEHOLD ESTABLISHED INCIDENT TO THIS CHANGE OF STATION.
III CERTIFICATE FOR STEPCHILD	*(Required for a step child in addition to I.)* I CERTIFY THAT *(Name of child's other parent)* _____, THE MOTHER/FATHER OF THE STEPCHILD/STEPCHILDREN NAMED ABOVE, WAS MY LEGAL SPOUSE ON THE EFFECTIVE DATE OF APPLICABLE ORDERS.
DATE *(YYMMDD)*	SIGNATURE OF APPLICANT

DD FORM 884, NOV 80 (EG) SUPERSEDES ALL PREVIOUS EDITIONS. Designed using Perform Pro, WHS/DIOR, Oct 94

FIGURE 6

This form must be typed. See DoD 1000.21-R for form completion instructions.

AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA	1. DATE PASSPORT OR VISA REQUIRED BY APPLICANT	2. MAJOR SERVICE COMPONENT
3. APPLICANT'S LAST NAME - FIRST NAME - MIDDLE NAME	4. APPLICANT'S DATE OF BIRTH	5. APPLICANT'S PLACE OF BIRTH
6. SPONSOR'S LAST NAME - FIRST NAME - MIDDLE NAME ☐ *(If same as Item 3, X block)*	7. SPONSOR'S MILITARY RANK/CIVILIAN GRADE	8. SPONSOR'S SSN
9.a. APPLICANT'S CURRENT HOME ADDRESS *(Include ZIP Code)*	b. HOME TELEPHONE NUMBER *(Include area code)*	
	c. OFFICE TELEPHONE NUMBER *(Include area code/DSN)*	
10.a. INTERIM ADDRESS WHERE APPLICANT MAY BE CONTACTED AFTER DEPARTING LOCATION INDICATED IN ITEM 9 *(Include ZIP Code)*	b. NAME OF PERSON WITH WHOM RESIDING	
	c. TELEPHONE *(Incl. area code)*	d. AGENT ID CODE *(If applicable)*

11. DESTINATION *(Country or Countries)*	12. SPECIAL ASSIGNMENT REQUIRING PASSPORT* *(See Note)*	13. PASSPORT WILL BE FORWARDED TO: *(Include complete mailing address, building number, room number, ZIP Code, and telephone number/DSN)*
14. ESTIMATED DATE OF DEPARTURE *(From country in which applicant is currently residing)*	15. PROPOSED LENGTH OF STAY	16. AUTHORIZING OFFICIAL a. NAME *(Last, First, Middle Initial)*
17. ADDITIONAL INFORMATION *(Attach continuation sheets if necessary)*		b. GRADE / c. TITLE
		d. COMPLETE MAILING ADDRESS *(Include ZIP Code)*
		e. TELEPHONE NUMBER *(Include area code/DSN)*
		f. SIGNATURE OF AUTHORIZING OFFICIAL / g. DATE

FOR USE BY ISSUING OR RECEIVING AGENT *(Suspense Control)*

18. DATE APPLIED FOR PASSPORT	19. PLACE APPLIED FOR PASSPORT	20. NAME OF COURT OR PASSPORT AGENT	
21. DATE PASSPORT RECEIVED FROM DEPARTMENT OF STATE	22. PASSPORT NUMBER	23. DATE OF PASSPORT ISSUE	24. PASSPORT EXPIRATION DATE
25. DOCUMENT(S) INCLUDED WITH PASSPORT	26. COUNTRY AND DATE VISA REQUESTED	27. DATE PASSPORT RECEIVED WITH VISA	28. DATE PASSPORT MAILED

PRIVACY ACT STATEMENT

AUTHORITY: Sections 3012, 8012, 5031, Title 10 USC; 22 CFR 51.63; EO 9397.

PRINCIPAL PURPOSE: To provide authority for issue of "No-Fee" passport and/or request for a visa which is an endorsement stamped or written on a passport, showing that it has been examined by the proper officials of a country and granting entry into that country. The Social Security Number is required to verify and/or identify the applicant.

ROUTINE USES: Information is used in conjunction with application for passport/visa and foreign travel. Information may be released to other DoD agencies, various activities within the Department of State, foreign embassies and consulates.

DISCLOSURE: Voluntary; however, if applicant does not provide information, a "No-Fee" passport cannot be authorized.

*NOTE: If assignment is to Attache; MAAG; JUSMMAT; Security Assistance Liaison Office (SALO); OSP or other Special Advisory Group, e.g., CENTO; or any particular assignment that will govern type and need for a passport, enter such information. If not, enter "Not Applicable."

DD FORM 1056, MAY 96 (EG) PREVIOUS EDITION MAY BE USED. Designed using Perform Pro, WHS/DIOR, May 96

FIGURE 7

NATO TRAVEL ORDER / ORDRE DE MISSION OTAN

COUNTRY OF ORIGIN: **USA**
PAYS DE PROVENANCE:

ORDER NUMBER: **0000**
NUMÉRO DE SÉRIE:

1. The bearer *(and group as shown hereon or on attached list)*
   Le porteur *(et personnel porté ci-dessus ou sur la liste jointe)*

PS3 MEMBER, I AM, USN, 000-00-0000
Grade or, rank/Grade, Name/Nom, and Social Security Number/No Mle

2. Will travel from **SAN DIEGO, CA** to **ROTA, SPAIN**
Fera mouvement de a

Via:**N/A**
Via

Date of Departure: **07FEB12**
Date du depart

Expected date of return : **2009MAR**
Date probable de retour

3. Authority (is not) granted to possess and carry arms.
   Autorisation de porte d'armes (accordé) (non accordé).

4. The person named in paragraph 1 is authorized to carry: **N/A**
   Le personne indiquée au paragraphe 1 est autorisé à porter

sealed dispatches, containing only official documents, numbered : **N/A**
plis scellés, ne contiennent que des documents officials, numerates

5. I hereby certify that this individual/group is/are member(s) of a Force as defined in the NATO Status of Forces Agreement, and that this is an authorized move under the terms of this agreement.

Je soussigné certifie que le personnel visé appartient à une armée telle que définie dans l'Accord OTAN sur le statut des Forces armées et que ce déplacement et officiel selon les termes de ce Accord.

6. This travel order is to be produced to civil and military authorities on request.
   Cet ordre de mission devra etre presente sur demande des autorites civiles et militaires.

P.F. CERVANTES, PS1 (AW), USN
OFFICER AUTHORIZING MOVEMENT
OFFICIER AUTORISANT LE MOUVEMENT

07FEB12
DATE OF ISSUE
DATE DE L'AUTORISATION

REVERSE SIDE OF NATO TRAVEL ORDER
[VERSO DE L'ORDRE DE MISSION]

SUGGESTED INSTRUCTIONS WHICH MAY BE PUT ON BACK OF FORM
[PROPOSITIONS D'INSTRUCTIONS POUVANT FIGURER AU DOS DU FORMULAIRE]

1. This Travel Order is to be used for both individual and collective movement. When the Travel Order is issued to parties of 20 or over, detailed arrangements are to be made as necessary for movement, reception, staging, etc...

1. Cet Ordre de mission peut être utilisé à la fois pour les mouvements individuals ou collectifs. Toutefois, lorsqu'il sera utilisé pour de détachements égaux ou supérieurs à 20 hommes, des mesures de détail devront être prises si nécessaire par tous les organismes chargés de leur de leur réception et de leur séjour, etc...

2. This Travel Order is to be produced to civil and military authorities on request.

2. Cet Ordre de mission devra etre presenté sur demande des Autorités civiles et militaires.

3. It is not to be used for civilian personnel.

3. Cet Ordre de mission ne sera pas utilisé pour les personnels civils.

4. The country from which travel is authorized and the country (countries) to and through which travel is authorized must be included in paragraph 2. The inclusion of the location (i.e. town, city) from and to which travel is authorized is optional.

4. Au paragraphe 2, seule la mention des pays est obligatoire. L'indication de l'endroit exact (ville, lieu...) est facultative.

5. Paragraph 3 refers to National Military Authority and may be used if required.

5. Le paragraphe 3 se réfère à une Autorité militaire nationale et peut être utilisé si besoin est.

6. Personnel are to be in possession of Service Identity Documents.

6. Chaque individu sera porteur d'une pièce d'identité militaire.

7. Paragraph 5 should be deleted if not applicable.

7. Le paragraphe 5 sera supprimé le cas échéant.

8. If more than one person is traveling, the list, as referred to in paragraph 1 of the form should show Personal/Identity Card Number (if any), Rank, Name, and Unit. This list may be shown on the face, on reverse, or on a separate document as appropriate.

8. S'il s'agit du déplacement de plusieurs individus, la liste indiquée au paragraphe 1 du formulaire devra comporter le numéro matricule ou de la carte d'identité, le grade, le nom et l'unité de chacun d'eux. Cette list poura figurer soit sur le recto ou le verso de l'Ordre de mission, soit sur un document distinct, selon le ca.

9. Any additional details or instructions which issuing nations wish to include should be attached on a separate paper, or on the reverse of the form.

9. Tous détails ou instructions supplémentaires que la nation d'origine désire inclure devront figurer soit au dos du formulaire, soit sur une feuille séparée.

10. Print the travel order on appropriate organizational letterhead.

ADVANCE TRAVEL REQUEST FORM
PSA WEST SAN DIEGO CA

DATE: _____

NAME: _____ RATE: _____ SSN: _____

COMMAND: _____ UIC: _____ DETACH DATE: _____

TYPE OF ORDERS (Check one)
☐ Permanent Change of Station (PCS) – start at Section 1
☐ Temporary Duty (TDY) ONLY – go to Section 4
☐ Reserve (AT, IDTT, etc.) – go to Section 4
☐ PRC/ADSW – go to Section 4
☐ DISCHARGE/SEPARATION/RETIREMENT/DEMOB – go to Sections 1, 2, 5, and 6.

Section 1 – complete following table below (single ☐ - go to next Section):

DEPENDENT LNAME/FNAME/MI	RELATIONSHIP	DATE OF BIRTH	TVL COMMENCE DATE
(1)			
(2)			
(3)			
(4)			
(5)			

Section 2 – Mode of travel (check one): ☐ 1 POV ☐ 2 POV ☐ COMM AIR ☐ PLANE TICKET/S ISSUED
FROM: _____(City/State) TO: _____(City/State)
Section 3 – Advance Dislocation Allowance (DLA) ☐ DESIRED (sign applicable statement below) ☐ NOT DESIRED

☐ SINGLE DLA: I will not occupy government quarters for more than 60 days upon reporting to my new command. (For E6 and below): Enclosed is statement from my gaining command certifying that I will not be required to use government quarters.

_____
(signature/date)

☐ DLA with Dependents: It is my intention to relocate my dependents from: (old address) _____
_____ to (new City/State)_____.

_____
(signature/date)

Section 4 – TDY Per Diem (check all blocks that apply): ☐ DESIRED ☐ NOT DESIRED ☐ PART OF PCS ☐ TDY ONLY ☐ Card Holder ☐ Non-Card Holder (Must be non-card holder to be paid advance on TDY ONLY travel – see DODFMR Vol. 9 Chap 5 for exception).

LOCATION	PERIOD OF TDY	MEALS (CMR/PMR/GMR/AEA)	LODGING (CML/GQ/FD)	LODGING DAILY RATE
Other Expenses (Rental Car, Registration Fees, etc.):				

Note: AEA= Actual Expense Allowance or Occasional Meals; FD=Field Duty. Attach copy of SATO endorsement if available. If TDY in conjunction with PCS orders, or TDY away from PDS, and no other endorsement available, have Authorizing Officer (AO)/Training Officer fill out above table and sign below certifying messing and berthing status at specified location/s. In the absence of any endorsement, member will be paid 80% of maximum locality lodging and meals rate.

_____
(AO /Training officer **PRINTED** name/signature/date)

Section 5 – EFT Information: BANK NAME _____ ACCT NUMBER _____
ROUTING NUMBER (9 DIGITS) _____ ☐ Checking ☐ Savings

Section 6 – Submit form along with copy of orders (and other required documents as indicated above) to servicing PSD or directly to PSA West (CPS) 937 North Harbor Drive, San Diego, CA 92132-0076.

_____
(Member Signature/Date)

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this form should be taken. The penalty for willfully making false statement is a fine, or by imprisonment for not more than 5 years, or both; but if the amount of the benefits falsely obtained does not exceed $1,000, such person shall be punished by a fine under this title, or by imprisonment for not [illegible] (US Code Title 18, Part I, Chapter 93).

FIGURE 9

(Memorandum to be submitted with PCS travel claim package or as a supplemental claim.)

MEMORANDUM Date:_____

From: _____
(rate/name/ssn)

To: Disbursing Officer, PSA West, 937 N Harbor Drive, San Diego, CA 92132

SUBJECT: APPLICATION FOR TEMPORARY LODGING EXPENSE (TLE)

1. I certify that I used temporary lodging as part of my PCS to my new duty station. I checked out of _____(old duty station) on_____(date) and checked in to _____(new duty station) on _____(date).

2. Following is daily itemization of my expenses:

DATE	LODGING LOCATION	COST	NUMBER OF PERSONS			Facilities available for preparing meals?		Staying with friends or relatives?	
			MBR	SPOUSE	CHILD	Yes	No	Yes	No

3. Meals are consumed at Government mess as follows (indicate date and number of meals consumed for the whole family; indicate "none" if government mess not used):

_____

4. My spouse's name is _____ and he/she ☐ is ☐ is not (check one) in the military. His/her SSN is _____ (if in the military).

5. My other dependents are:

LAST NAME/FIRST/MI	RELATIONSHIP	DATE OF BIRTH

_____
(signature/date)

(Note: To be reimbursed for commercial lodging when Government quarters is not available, member **must sign** statement below.)

I certify that Government Quarters was not available for the period TLE is claimed in item 1 above.

_____
(signature/date)

DATE

MEMORANDUM

From: Personnel Officer
To: Command Fitness Coordinator

Subj: PHYSICAL READINESS STATUS IN THE CASE OF CO NAME, USN, XXX-XX-1234

Ref: (a) BUPERS Orders IN THE CASE OF SNM

1. Subject named member is in receipt of orders for transfer as noted.

2. Reference (a) requires that the Chief of Naval Personnel be advised within 10 days if subject named member is at risk of failing a third PRT/BF cycle shortly after transfer, resulting in processing for ADSEP. If the member is in receipt of orders to an overseas duty station he/she shall not be favorably screened for overseas assignment if at risk of failing a third PRT/BF cycle during that tour.

3. It is requested that you complete the first endorsement and return this memorandum to the Personnel Office not later than 14 days from of receipt of orders.

SIGNATURE

FIRST ENDORSEMENT **DATE**

From: Command Fitness Coordinator
To: Personnel Officer

1. Returned, action completed. Subject named member **is/is not** at risk of failing a third PRT/BF cycle.

2. Subject named member has failed PRT/BF on the following dates:

_____

(LIST DATES OR INDICATE NONE)

_____
Command PRT Coordinator's Signature

FIGURE 11

INSTRUCTIONS TO OBTAIN AN OFFICIAL NO FEE PASSPORT

To determine the requirements for a particular country, you may go to www.fcg.petangon.mil. Once it is determined that you are required to have a passport, you will need to ensure you have all the forms that are required for a passport or visa. If the country requires a visa, you may obtain copies of the visa application at the following web site: www.dp.hq.af.mil.dplp/dplp.htm. Following forms are needed to obtain a no-official passport:

a. DD-1056, this form must be typed, one for each applicant and signed (preferably blue ink) by Admin Officer or above. This form is provided by your command and may be found at www.psasd.navy.mil

b. **DS-11: This form is now required to be submitted electronically** and may be obtained on the Department of State website http://travel.state.gov. Please select the "Passports for U. S. citizens and then select on the (left hand side/dark blue background) "Applications and forms". Click on Application for Passport: DS-11 or DS-82. DS-82 renewals only. Click on fill out and print a DS- 11 on line. Fill out the DS-11, select create form button, at the bottom. Be sure that the **BARCODE** is in the upper left hand corner of the form when printed. You can print page 5 and 6 only. **You must sign this form after completion in front of a passport agent when asked to do so.** You will be asked to produce picture I.D.

c. The applicant must have the form executed by an acceptance agent. The executed DS-11 needs to be submitted to passport office by the passport agent with photos, proof U.S. citizenship and DD form 1056. You must sign this form after completion in front of a passport agent when asked to do so. You will be asked to produce picture I.D. in addition to your proof of citizenship.

d. Two photos: Must be 2x2, in **civilian attire,** taken within the past six months. All photos must be in plain white or off white background. Photos must be obtained off base, as there are no photo facilities onboard Navy activities.

e. Evidence of U.S. citizenship: Most recent issued U.S. passport, original birth certificate issued by the state born in with a raised seal from the state registrar, or an original

Naturalization Certificate, or Certificate of Birth Abroad. To obtain a copy of a birth certificate you may go to www.vitalcheck.com.

f. **Minor children need to be present at the time of processing application as well as both of the natural parents.** If the natural parent cannot be present to sign, a notarized form DS3053 available on the web site in paragraph two must be submitted.

PASSPORT AGENTS SERVICING THE SAN DIEGO AREA

Naval Station	556-6299	Chuck Imerson
	556-5071	Hasty Yow
	556-5068	Alex Evangelista
Balboa	532-6607	Marilyn Cummings
Pt Loma	553-5002	Joey Antivola
	553-7940	Dorie Adger
North Island	545-7939	Leon Bradley
	545-7940	Jalal Wells
Pendleton	DSN 365-1123	Sabrina Thomas
	coml. 760-725-1123	

PASSPORT AGENTS SERVICING THE NORFOLK AREA

Naval Station	565-4416	Jeffrey Fowler
	565-4409	Charlie Reid
	coml. 757-445-4416/4409	

SEPARATION PROCESSING

SEPARATIONS/DISCHARGES/FLEET RESERVE

REFERENCE(s) SEPARATIONS/DISCHARGES: (a) BUPERSINST 1900.8B
(b) MILPERSMAN 1910-104
(c) MILPERSMAN 1910-100
(d) MILPERSMAN, Addendum ART A1.01
(e) JFTR, Vol. 1, Chp. 5

REFERENCE(s) FLEET RESERVE: (a) BUPERSINST 1900.8B
(b) MILPERSMAN 1830-040
(c) MILPERSMAN 1810-010
(d) MILPERSMAN 1810-020
(e) NAVADMIN 002/92
(f) NAVADMIN 078/95
(g) NAVADMIN 167/99

CPC RESPONSIBILITY

Must ensure that the members have the following documents:

- Separation Evals (if applicable), ending date should be date of separation.
- IRR certificate (NKO) (if applicable) for members who have reserve obligation time remaining.
- For National Call To Service separatees must see NCC onboard 120 days prior to separation date to submit member's data into the reservist website:

http://navyreserve.navy.mil/Public/HQ/WelcomeAboard/National+Call+To+Service.htm?LGUID=21AD5593-1FA1-49DE-B483-7E56F6347B59

- Approved separation leave request (if applicable) with **NO** LCN assigned.
- Medical & Dental Record with completed Separation/Retirement Physical.
- Admin Sep message for OTH or command message for all other ADSEP signed by the **Commanding Officer**.
- Copy of PTDY orders (House/Job Hunting) for Fleet Reserve.
- Security Termination Sheet OPNAV 5511/14 (if applicable).
- Fleet Reserve Request/Approval message for Fleet Reservist.
- DD Form 2656 **(FIGURE 1)** properly filled up, signed by member and witnessed. Date signed and witnessed should be the same date. Must be brought to PSD 45 days prior to fleet reserve date.

PSD RESPONSIBILITY

When member comes in for his/her first visit (30 days prior to separation leave starts), explain the process in detail and required documents needed for separation/discharge or fleet reserve.

STEP 1

- Separation clerk verifies member's EAOS in MMPA. Give member, and have member fill out separation questionnaire **(FIGURE 2)** and advance travel request (if applicable, **FIGURE 3**).

- Forward/fax completed DD 2656 to DFAS-CL no later than 30 days prior to fleet reserve date.

DD FORM 214 SEPARATION WORKSHEET

- Check out service member's record.
- Complete DD Form 214 **(FIGURE 4)** worksheet.
- After you have completed "worksheet copy" of the DD Form 214 have member come in and verify the worksheet after section supervisor has verified the "worksheet."
- Ensure you don't place "X's" in blocks before the worksheet has been verified by the service member.
- Make any corrections to the DD Form 214 once you have seen the supporting documentation.
- Day of separation, collect member's military ID card and issue him/her Copy 1 and Copy 4 of the DD Form 214. If member is taking leave, member will mail ID card and dependents ID card (if applicable) to PSD.

STEP 2

ENTITLEMENTS/LEAVE

- Start/stop allotments (if necessary).
- Review leave taken prior to separation.
- Ensure the number of leave approved by the command is correct.
- Submit Terminal Leave (SB01) in NSIPS.
- Stop sea pay (2702), career sea pay premium (3702) and meal deductions effective the day prior to member taking leave.
- Complete Strength Loss (E503) once SB01 posts (If applicable 2702, 3702 & DN02), verify MMPA.
- Include in all process: make sure to collect all pending over payments and deductions (DQ, DV, DS, DF AND NMCRS loan allotment max of 2/3 of final pay).

STEP 3

SEPARATION PAY WORKSHEET (FIGURE 5)

- Once E503 has been released and NT line will post in MMPA.
- Complete separation pay worksheet.
- Compare and pay lesser amount of the computed and NT amount.

To do a final pay worksheet you will need the following:

- Copy of the DD-214, separation orders, prior LES, and NT, PQ and PX MMPA line printouts. In addition, you will need the following print outs: E (entitlements), A (allotments), B (leave), C (collections), D (deductions), P (payments), H (held pay), N (memorandums), F (taxes).
- Request final payment. If account is other than "NT" line, fax separation worksheet to DFAS-CL Separation Section.

- Conduct post separation review (15) days after separation.

STEP 4

PROCESS FOR TRANSFERRING CLOSED ESR/MEDICAL & DENTAL RECORDS

a. Forward only the following documents from current enlistment in the ESR per MILPERSMAN 1070-130:

(1) NAVPERS 1070-/605. **Original**
(2) DD 214 **copy No.7**
(3) Separation Orders with Detaching Endorsement to Orders. **Copy**
(4) NAVPERS 1070/604. **Original**
(5) NAVPERS 1616/26, Evaluation Report and Counseling Record (**Original, E-4 and below only**)
(6) OPNAV 5511/14, Security Termination Statement. **Original**
(7) SF 88 or DD 2808, Report of Medical Examination Separation Physical Examination.
(8) SF 93 or DD 2807-1, Report of Medical History. **Latest copy**

b. Mail the closed ESR via first class mail within 3 days after separation.
c. Mail medical and dental records with a copy of DD 214 and separation orders per MILPERSMAN 6150-010.

RETAIN FILES: Retains MUST include the following:

- Check Off Sheet
- Original copy of DD-214 (**Copy 8**)
- Discharge Message (if applicable)
- Separation Orders
- Copy of Pg. 2 (if applicable)
- Separation Evaluation (if applicable)
- Copy of Separation Leave Request (if applicable)
- Final Pay Worksheet & 15 day check Correspondence Emails (if applicable)
- E503/MMPA Verification Copy of Separation Page 13's Copy of Separation Physical
- Copy of Separation Page 13's
- Copy of Separation Physical

DATA FOR PAYMENT OF RETIRED PERSONNEL

(Please read Instructions and Privacy Act Statement before completing form.)

SECTION I - PAY IDENTIFICATION

1. NAME *(LAST, First, Middle Initial)*	2. SSN	3. RETIREMENT/ TRANSFER DATE *(YYYYMMDD)*	4. RANK/PAY GRADE/ BRANCH OF SERVICE	5. DATE OF BIRTH *(YYYYMMDD)*

6. CORRESPONDENCE ADDRESS *(Ensure DFAS - Cleveland Center is advised whenever your correspondence address changes.)*

a. STREET *(Include apartment number)*	b. CITY	c. STATE	d. ZIP CODE	e. TELEPHONE *(Incl. area code)*

SECTION II - DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION *(See Instructions)*

7. ROUTING NUMBER *(See Instructions)*	8. TYPE OF ACCOUNT *(Savings (S) or Checking (C))*	9. ACCOUNT NUMBER *(See Instructions)*

10. FINANCIAL INSTITUTION

a. NAME	b. STREET ADDRESS	c. CITY	d. STATE	e. ZIP CODE

SECTION III - SEPARATION PAYMENT INFORMATION

11. Complete if you have received any one of the payment types listed in 11.a.

a. DID YOU RECEIVE SEVERANCE PAY (SE), READJUSTMENT PAY (RP), SEPARATION PAY (SP), VOLUNTARY SEPARATION INCENTIVE (VSI), OR SPECIAL SEPARATION BONUS (SSB)? *(X one. If "Yes," attach a copy of the orders which authorized the payment, and a copy of the DD Form 214.)*	b. TYPE OF PAYMENT	c. GROSS AMOUNT
☐ YES ☐ NO		

SECTION IV - MEMBER OF THE RESERVE COMPONENT

12. Complete only if a member or former member of the reserve component not on active duty retiring at age 60.

a. DO YOU RECEIVE OR WERE YOU RECEIVING ON THE DATE OF RETIREMENT ANY VA COMPENSATION FOR DISABILITY? *(X one)*	b. EFFECTIVE DATE OF PAYMENT *(YYYYMMDD)*	c. MONTHLY AMOUNT OF PAYMENT
☐ YES ☐ NO		

SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY *(See INSTRUCTIONS)*

13. Mark (X) option a. or b. and complete as applicable. *(Continue in Section X, "Remarks," if necessary.)*

☐ a. LEGAL ORDER OF PRECEDENCE ☐ b. DESIGNATION OF BENEFICIARIES

c. NAME *(Last, First, Middle Initial)*	d. SSN	e. ADDRESS *(Street, City, State, ZIP Code)*	f. RELATIONSHIP	g. SHARE
				%
				%
				%
				%
				%

SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION *(Submit information in Items 14 - 17 in lieu of IRS Form W-4 for tax purposes.)*

14. MARITAL STATUS *(X one)*	15. TOTAL NUMBER OF EXEMPTIONS CLAIMED	16. ADDITIONAL WITHHOLDING *(Optional)*	17. I CLAIM EXEMPTION FROM WITHHOLDING *(Enter "EXEMPT")*	18. ARE YOU A UNITED STATES CITIZEN? *(X one)*
☐ SINGLE ☐ MARRIED ☐ MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE				☐ YES ☐ NO *(See Instructions)*

SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION *(Complete only if monthly withholding is desired.)*

19. STATE DESIGNATED TO RECEIVE TAX	20. MONTHLY AMOUNT *(Whole dollar amount not less than $10.00)*	21. RESIDENCE ADDRESS *(If different from address listed in Item 6)*			
		a. STREET *(Include apartment number)*	b. CITY	c. STATE	d. ZIP CODE

SECTION VIII - DEPENDENCY INFORMATION *(This section must be completed regardless of SBP Election.)*

22. SPOUSE			23. DATE OF MARRIAGE *(YYYYMMDD)*	24. PLACE OF MARRIAGE *(See Instructions)*
a. NAME *(Last, First, Middle Initial)*	b. SSN	c. DATE OF BIRTH *(YYYYMMDD)*		

25. DEPENDENT CHILDREN *(Indicate which child(ren) resulted from marriage to former spouse by entering (FS) after relationship in column d. Continue in Section X, "Remarks," if necessary.)*

a. NAME *(Last, First, Middle Initial)*	b. DATE OF BIRTH *(YYYYMMDD)*	c. SSN	d. RELATIONSHIP *(Son, daughter,stepson, etc.)*	e. DISABLED? *(Yes/No)*

DD FORM 2656, APR 2006

FIGURE 1

SECTION IX - SURVIVOR BENEFIT PLAN (SBP) ELECTION *(See your Survivor Benefit Plan counselor before making an election.)*

26. BENEFICIARY CATEGORY(IES) *(X only one item) (See Instructions and Section XII.)*

	a. I ELECT COVERAGE FOR SPOUSE ONLY. I *(X)*		DO		DO NOT HAVE DEPENDENT CHILD(REN).
	b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN).				
	c. I ELECT COVERAGE FOR CHILD(REN) ONLY. I *(X)*		DO		DO NOT HAVE A SPOUSE.
	d. I ELECT COVERAGE FOR THE PERSON NAMED IN ITEM 28 WHO HAS AN INSURABLE INTEREST IN ME *(See Instructions).*				
	e. I ELECT COVERAGE FOR MY FORMER SPOUSE *(See Instructions and complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").*				
	f. I ELECT COVERAGE FOR MY FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE *(See Instructions and complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").*				
	g. I ELECT NOT TO PARTICIPATE IN SBP. I *(X)*		DO		DO NOT HAVE ELIGIBLE DEPENDENTS UNDER THE PLAN.

27. LEVEL OF COVERAGE *(X one. Complete UNLESS 26.d. or 26.g. was selected above. See Instructions.)*

	a. I ELECT COVERAGE BASED ON FULL GROSS PAY.
	b. FOR MEMBERS WITH A DIEMS ON OR AFTER AUGUST 1, 1986 WHO ELECTED THE CAREER STATUS BONUS: I ELECT FULL COVERAGE BASED ON UNREDUCED RETIRED PAY.
	c. I ELECT COVERAGE WITH A REDUCED BASE AMOUNT OF $ *(See Instructions).*
	d. I ELECT COVERAGE BASED ON THE THRESHOLD AMOUNT IN EFFECT ON THE DATE OF RETIREMENT.

28. INSURABLE INTEREST BENEFICIARY

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. RELATIONSHIP	d. DATE OF BIRTH *(YYYYMMDD)*	
e. STREET ADDRESS *(Include apartment number)*	f. CITY		g. STATE	h. ZIP CODE

SECTION X - REMARKS

29. Use this section to continue an item or make additional comments. Attach separate sheets if more space is needed.

SECTION XI - SBP SPOUSE CONCURRENCE *(Required when member is married and elects child(ren) only coverage, does not elect full spouse coverage, or declines coverage. The date of the spouse's signature in item 30.b MUST NOT be before the date of the member's signature in item 32.b, below.)*

30. SPOUSE.

I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the day the retiree dies. I have signed this statement of my free will.

a. SIGNATURE		b. DATE SIGNED *(YYYYMMDD)*	
31.a. WITNESS NAME *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*	
d. STREET ADDRESS *(Include apartment number)*	e. CITY	f. STATE	g. ZIP CODE

SECTION XII - CERTIFICATION

32. MEMBER.

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements *(18 U.S. Code 287 and 1001 provide for a penalty of not more than $10,000 fine, or 5 years in prison, or both).*

Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retired pay. However, if I exercise my option to terminate the SBP, future participation is barred.

a. SIGNATURE		b. DATE SIGNED *(YYYYMMDD)*	
33.a. WITNESS NAME *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*	
d. UNIT OR ORGANIZATION ADDRESS *(Include room number)*	e. CITY/BASE OR POST	f. STATE	g. ZIP CODE

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FIGURE 1

PAY AND PERSONNEL ASHORE DETACHMENT
SEPARATION QUESTIONNAIRE

NAME:_____SSN:_____/_____/_____
Last First Middle

RATE/ RANK:_____ DOB____/____/____ TEL NO._____

REASON FOR SEPARATION: ADMIN SEP ☐ FLT RES ☐ EAOS ☐
OFFICER SEP☐ HYT ☐ EARLY OUT☐

Separation date: _____/_____/_____Command:_____

Last Leave Taken From: _____/_____/_____ To _____/_____/_____

Do you desire terminal leave? Yes / No From:_____/_____/_____to_____/_____/_____

I request a copy of DD214 to be sent to (State) _____Director Of Veterans Affairs.

Have you ever contributed to Veterans Education Assistance Program (VEAP) or Veterans Education Assistance act of 1984 (New GI Bill)? _____Yes or _____No

MGIB kicker? ____ Yes or ____ No do you desire advance travel ____Yes or ____No

Have you had a separation physical? _____Yes or _____No
If not, is one scheduled? _____Yes or _____No (if yes) Physical Date: _____/_____/_____

Were you provided a complete dental examination and all appropriate dental services and treatment within 90 days prior to separation? _____Yes, _____No

What amount of SGLI coverage do you have? None☐ 100,000.00☐ 250,000.00☐ 400,000.00☐

Nearest relative name and address:	
Name	Relation
Address	
City State Zip	

Permanent mailing address after separation:		
Address		
City	State	Zip

Do you wish to pick up your DD214 or have them mailed to your permanent mailing address after your separation date? Mail☐ pick up☐

Member Signature_____ Date:_____/_____/_____

PAY AND PERSONNEL ASHORE DETACHMENT
ADVANCE TRAVEL REQUEST FORM
FOR DISCHARGE, SEPARATION AND RETIREMENT

DATE:_____

NAME:_____RATE:_____ SSN:_____-____-_____

SECTION 1- Complete the following table below (single ☐ - go to the next section):

DEPENDENT'S LAST NAME, FIRST NAME AND MIDDLE INITIAL	RELATIONSHIP	DATE OF BIRTH	TVL COMMENCE DATE

SECTION 2 - Mode of travel (check one): ☐1 POV ☐2POV ☐COMM AIR ☐PLAIN TICKET ISSUED

FROM: _____(CITY/STATE) TO: _____(CITY/STATE)

SECTION 3 – EFT Information:

BANK NAME: _____ ☐CHECKING ☐SAVINGS
ACCT NUMBER: _____
ROUTING NUMBER: _____ (9 DIGITS)

SECTION 4 – Submit this form along with copy of travel orders and pg 2 directly to Travel Section at PSD Afloat West.

_____
Member Signature/Date

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this form should be taken. The penalty for willfully making false statement is a fine, or by imprisonment for not more than 5 years, or both; but if the amount of the benefits falsely obtained does not exceed $1,000.00, such person shall be punished by a fine under this title, or by imprisonment for not more that 1 year, or both. (US Code Title 18, Part I, Chapter 93).

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES | THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. | ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH *(YYYYMMDD)*	6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*		
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED		
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE ☐ NONE AMOUNT: $	

11. PRIMARY SPECIALTY *(List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)*	12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
	a. DATE ENTERED AD THIS PERIOD			
	b. SEPARATION DATE THIS PERIOD			
	c. NET ACTIVE SERVICE THIS PERIOD			
	d. TOTAL PRIOR ACTIVE SERVICE			
	e. TOTAL PRIOR INACTIVE SERVICE			
	f. FOREIGN SERVICE			
	g. SEA SERVICE			
	h. EFFECTIVE DATE OF PAY GRADE			

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods of service)*	14. MILITARY EDUCATION *(Course title, number of weeks, and month and year completed)*

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		YES		NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		YES		NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES		NO

18. REMARKS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION *(Include ZIP Code)*	b. NEAREST RELATIVE *(Name and address - include ZIP Code)*

20. MEMBER REQUESTS COPY 6 BE SENT TO _____	DIRECTOR OF VETERANS AFFAIRS		YES	NO

21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title and signature)*

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE *(Include upgrades)*	
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION		
29. DATES OF TIME LOST DURING THIS PERIOD *(YYYYMMDD)*		30. MEMBER REQUESTS COPY 4 *(Initials)*

DD FORM 214, FEB 2000 | PREVIOUS EDITION IS OBSOLETE. | SERVICE - 2

FIGURE 4

Worksheet for Separation

Name		SSN		Pay Grade	Years
Pay Computed From	To (Sep Date)	Type Disch	Sep Code	Phone Number	
Separation Command	DSSN	DK/Pay Clerk	Reason		

Leave Computation

1. LSL is only payable under Honorable and General discharges.
2. List last two periods of inclusive leave:

From: _____ To: _____

From: _____ To: _____

Leave Earned	
Days	Earned
1 - 6	0.5
7 - 12	1.0
13 - 18	1.5
19 - 24	2.0
25 - 31	2.5

Ending leave bal from prior LES:	0.0
Leave accrued (less UA):	0.0
Leave used:	0.0
Leave Balance on Separation:	0.0
Days Leave previously sold back:	0.0
Excess leave balance on sep:	0.0
Consider unposted periods of leave (AWOL, sep leave, excess leave, verify LAN log)	

Credits

PEBD:		0	Month of	Month of	Month of Separation	
Balance brought forward from last LES					$	-
Basic Pay						#N/A
BAH:					$	-
BAH	92136				$	-
Clothing Allowance through month of sep		1			$	-
2004 Rates:	Male	Female				
Basic	$ 273.60	$ 280.80				
Standard	$ 392.40	$ 403.20				
Special	$ 644.40	$ 669.60				
BAS:	C				$	-
CSP		$ -			$	-
Leave Rations					$	-
Foreign Duty Pay					$	-
FSH/BAH DIFF:	0 DAYS	0			$	-
Sub Pay/Flight Pay		$ -			$	-
Sep/Severance Pay		0			$	-
	DOV	DSSN	Date			
Cancelled					$	-
Checks					$	-
Misc Credits Desc:					$	-
LSL 0.0	Days Basic Pay					#N/A
LSL 0.0	Days Allowances				$	-
#N/A						
		Total Credits	$ -	$ -		#N/A

Deductions

Navy Home Assessment			$	0.50
SGLI (Through month of separation)			$	29.00
FICA				#N/A
SITW:				
	0%		$	-
SITW LSL, Sep Pay, Sev, Bonus:	#N/A			#N/A
FITW:				#N/A
FITW 25%: LSL, Sep Pay, Sev, Bonus				#N/A
Indebtedness (remaining balance)			$	-
Advance pay (remaining balance)			$	-
Bonus recoupment type:			$	-
Forfeiture of pay			$	-
Thrift Savings Plan (TSP)			$	-
UA checkage			$	-
Excess leave checkage:			$	-
DN Meal Collection	N		$	-
BAS or Rats Sep checkage			$	-

FIGURE 5

Deductions (continued)			
Tricare FMDP (stops month prior to sep)			$ -
Misc. deduction:			$ -
Misc. deduction:			$ -
Allotments — Type			
			$ -
			$ -
			$ -
			$ -
Unposted Payments — Month / MM/EOM / ADSN			
			$
			$
			$ -
Total Deductions	$ -	$ -	#N/A
Amount Underpaid/Overpaid CF	$ -	$ -	#N/A
Amount of the NT LINE/PQ:		DIFF BET NT U/O:	#N/A

Final payment (if underpaid)			
DOV	DSSN	Date	
Total overpaid at separation (if overpaid, make no additional payment)			

Audit

Ensure member was been deleted from UMIDS database. Verify any outstanding payments of documents.

DK/Pay Clerk	Date	Auditor signature	Date

Separation Address

Comments

Member certification

I have read, understand and received a copy of the computations shown above. I understand they represent a field-level analysis and not a final resolution. It has been explained to me that a final computation of my pay account will be conducted by DFAS. I understand that the totals shown on this worksheet could change due to information which was not known by the local pay office at the time the worksheet was computed. I have been notified to keep DFAS Cleveland, Code FMA, advised of my current address in order to facilitate timely correspondence regarding the status of my pay account. I have been advised that under authority of 5 U. S. C. 5514, if determined to be overpaid at separation, I will receive notification of my debt from DFAS Denver. I have been advised that payment in full is expected within 30 days of notification and can be made by check, money order, VISA or Mastercard.

Signature	Date

FIGURE 5

QUALITY ASSURANCE POLICY AND PROCEDURES

Family Separation Allowance - Ship (Deployment/Mass transaction)

REFERENCE(s): (a) DODFMR Vol. 7A, Chp. 27 and PTG Part 3, Chp. 3

DOCUMENT(s) REQUIRED: (1) DD Form 1561- For initial mass transaction of FSA-S only a cover DD 1561 is required. For all individual request, each member is required to submit DD 1561 for payment of FSA-S, T or R (**FIGURE 1**) Sample memorandum letter (**FIGURE 2**)
(2) Alpha roster names and SSN's of all entitled personnel

ELIGIBILITY

- All members with dependents.
- Military to Military members who were residing together prior to separation of military orders. Only one member is entitled to FSA-S at a time.
- Members receiving BAH-D for child support purposes are not entitled to FSA-S unless they have 50/50 physical/legal custody and would have otherwise had resided during said period. NAVPERS 1070/602 needs to be documented and Court order needs to specify custody of children.
- If eligibility is in question, members will be required to fill out a separate DD 1561 and PSD Afloat will obtain an official determination.

CPC RESPONSIBILITY

- (**Mass Transaction**)Submit DD 1561 (cover sheet), Memorandum letter along with alpha roster names and SSN's of entitled personnel. (**FIGURE 1 & 2**)

PSD RESPONSIBILITY

- Verify DD 1561 and alpha roster for accuracy.
- Submit appropriate transactions to DFAS.

HOSTILE FIRE PAY/IMMINENT DANGER PAY/ COMBAT ZONE TAX EXCLUSION

REFERENCE(s): DODFMR Vol 7A. Chps. 10 and 44; DJMS-PTG Part 1, Chp. 10

DOCUMENT(s) REQUIRED: (1) Certified memorandum from the Commanding Officer stating area of entitlement and effective dates. Subsequent letter will be required to stop entitlement if not indicated on original memorandum. Sample memorandum (**FIGURE 3**)

(2) Alpha roster listing names and SSN's of personnel entitled whom are onboard per sailing diary.
(3) For individual transactions sent via TOPS reference original memorandum.

Hostile Fire Pay (HFP). This entitlement is payable when, as certified by the appropriate commander, a member is: Subjected to hostile fire or explosion of a hostile mine, or on duty in an area in close proximity to a hostile fire incident and the member is in danger of being exposed to the same dangers actually experienced by other Service members subjected to hostile fire or explosion of hostile mines, or killed, injured, or wounded by hostile fire, explosion of a hostile mine, or any other hostile action. (DJMPTG Part 1 Chp. 10 Figure 1-10-1 unless superseded by Military Pay Advisory.

IMMINENT DANGER PAY (IDP). This entitlement is payable when a member is on official duty in a designated IDP area (Figure 10-1 DODFMR 7A Chp 10).

INTERNAL WATERS FOR IDP ENTITLEMENT BASED ON INTERNATIONAL LAW. Internal waters are landward of the baseline from which the territorial sea is measured. Lakes, rivers, some bays, harbors, some canals, and lagoons are examples of internal waters. From the standpoint of international law, internal waters have the same legal character as the land itself. There is no right of innocent passage in internal waters, and, unless in distress, ships and aircraft may not enter or over fly internal waters without the permission of the coastal nation. Where the establishment of a straight baseline has the effect of enclosing as internal waters areas which had previously not been considered as such, a right of innocent passage exists in those waters.

CPC RESPONSIBILITY

- Submit certified memorandum (**FIGURE 3**) from the Commanding Officer, Alpha roster listing names and SSN's of personnel entitled who are onboard.

PSD RESPONSIBILITY

- Verify certified memorandum and alpha listing for accuracy.
- Submit appropriate transactions to DFAS.

CAREER SEA PAY (CSP) and CAREER SEA PAY PREMIUM (CSP/P)

REFERENCE(s): (a) OPNAVINST 7220.14, DODFMR Vol. 7A, Chp. 18; DJMS-PTG

CAREER SEA PAY REQUIRED DOCUMENTATION

a. Endorsed PCS orders upon gain.

b. To restart CSP copies of endorsed TAD/TDY orders returning the member back to the ship for duty.

CAREER SEA PAY ELIGIBILITY CRITERIA

- Be permanently assigned to a Category A Vessel or afloat staff.
- If a member is temporarily assigned ashore under orders CSP will stop on the 31st day if not required to return to the ship to stand duty.
- If a member is on leave for greater than 30 days CSP will stop on the 31st day.
- Witnessed NAVPERS 1070/613 for Sea Duty Commencement Date (SDCD)

CAREER SEA PAY/PREMIUM REQUIRED DOCUMENTATION

- Witnessed NAVPERS 1070/613
- If member is doing back to back sea duty verify for eligibility of CSPP upon reporting.

CAREER SEA PAY PREMIUM ELIGIBILITY CRITERIA

- Member must serve 36 consecutive months of sea duty; entitlement will be effective the first day of the 37th month.

CPC RESPONSIBILITY

- Verify eligibility of CSPP.
- For CSPP submit Witnessed NAVPERS 1070/613 (**FIGURE 4**).

PSD RESPONSIBILITY

- Submit appropriate transactions to DFAS/BUPERS.

COMMUTED RATIONS

REFERENCE(s): (a) MILPERSMAN 7220-180, 1746-020

DOCUMENT(s) REQUIRED:
(1) Memorandum signed by the RCO authorizing RATSSEP. Sample memorandum. (**FIGURE 5**) Sample request letter. (**FIGURE 6**)
(2) Alpha roster of affected enlisted member whom are currently onboard.
(3) For members who's RATSSEP was not started upon initial transaction, please reference original Memorandum in TOPS

- When ships entering an overhaul/yard period and if the galley will be inoperable and messing impracticable, the ship may request via the ISIC to the Responsible Commanding Officer (RCO) of a shore activity operating one or more general messes is the authority granting RATSSEP.

CPC RESPONSIBILITY

- Submit request letter along with authorizing letter (**FIGURE 5 & 6**)
- Verify and submit alpha roster of personnel currently onboard

PSD RESPONSIBILITY

- Submit appropriate transactions to DFAS.

VISIT BOARD SEARCH AND SEIZURE INCENTIVE PAY

REFERENCE(s): (a) DODFMR Vol. 7A, Chp. 24, SEC 10; DJMS-PTG, Part 2, Chp. 3; CNP MEMORANDUM DTD 3 NOV 03

DOCUMENT(s) REQUIRED: (1) Memorandum/Orders assigning VBSS team to duty by competent authority. Sample (**FIGURE 7**).
(2) Tracking sheet signed by competent authority. Sample (**FIGURE 8**).

ELIGIBILITY CRITERIA

- A minimum of three VBSS boarding evolutions per month must be performed in order for members of the VBSS team to be eligible for VBSS HDIP for that month. Training evolutions do not constitute eligibility.
- Billet limitation for VBSS teams is located in CNP memorandum DTD 3 NOV 03
- ** If member is serving on the Flight Deck team and in receipt of FDHDIP for the same of VBSS only one incentive pay is allowed per above regulations.

CPC RESPONSIBILITY

- Submit memo with CO's authorization and tracking sheet with members names and SSN's (**FIGURE 7 & 8**)

PSD RESPONSIBILITY

- Verify and submit appropriate transactions to DFAS.

FLIGHT DECK HAZARDOUS DUTY INCENTIVE PAY

REFERENCE(s): (a) DODFMR Vol. 7A, Chp. 24 Sec 3; DJMS-PTG Part 2 Chp. 3, Sec 3; OPNAVINST 7220.4J

DOCUMENT(s) REQUIRED: (1) Memorandum signed by the Commanding Officer Authorizing payment of Flight Deck Duty Pay. To duty. Sample (**FIGURE 9**)

(2) FDHIP Monthly Certification listing numbers of qualified evolutions and FDHIP crew certified by the H.C.O or Air Boss. Sample (**FIGURE 10**)

- If in receipt of FDHDIP no other Incentive pays are authorized IAW above references.
- Ensure command maintains Flight Deck Orders as per OPNAVINST 7220.4J

CPC RESPONSIBILITY

- Submit CO's authorization memo and flight deck tracking list (**FIGURE 9 & 10**)

PSD RESPONSIBILITY

- Verify and submit appropriate NSIPS entry

ADVISE OF ERROR - FIELD EXAMINATION GROUP

- Quality Assurance processes all AOE's issued by the FEG. This is of high importance, please assist PSD clerks when requesting supporting documents to resolve AOE issues.
- Upon receipt of FEG AOE's issued to the ship, QA will process each AOE as directed by the AOE unless the ship is contesting the discrepancy/correction.

CPC RESPONSIBILITY

- Provide supporting documentation to PSD clerk upon request to support AOE.
- Forward copy of FEG AOE issued to the ship to PSD for immediate action

PSD RESPONSIBILITY

- Submit required transaction to BUPERS/DFAS.

INDEBTEDNESS

REFERENCE(s): DODFMR Vol. 7A, Chp. 50; DJMS-PTG Part 7, Chp. 7

- DJMS will generate a XY03 Management notice with debts above $100.00. QA identifies all debts and generates a Letter of Indebtedness. LOI's are emailed directly to the command CPC. Members have 30 days from date of letter to respond via the CPC to set up a repayment schedule. Minimum pay back is 1/10th of gross disposable pay or prorated amount not to exceed 2/3rd gross disposable pay through EAOS. (**FIGURE 11**)

- DFAS automatically schedule to collect at the first payday the LES remark and the XY03 are issued, plus one month (e.g., the debt appears on the April LES; collection is suspended for April and May; collection begins in June.)

CPC RESPONSIBILITY

- Inform respective member regarding LOI issued and provide guidance to resolve overpayment.
- Submit/forward member's intentions/options with regards to overpayments in a timely manner (no more than 30 days from date of LOI).

PSD RESPONSIBILITY

- Submit corresponding transactions to DFAS.

WAIVER/REMISSION OF INDEBTNESS

REFERENCE(s): DODFMR Vol. 7A, Chp. 50; DJMS-PTG Part 7, Chp. 7

REQUIRED DOCUMENT(s): (1) DD 2789 (Waiver/Remission Application) (**FIGURE 12**)
(2) NAVPERS 7220/8 (This is required when a member is claiming financial hardship for Remission of debt) (**FIGURE 13**).

- Commands are required to fill out blocks 1 through 22b. Upon receipt of DD 2789, QA will process suspension of debts. Effective date of suspension will be the date CO signed DD 2789. PSD Afloat will fill out blocks 23 through 31f and forward to DFAS/DE. PSD Afloat will make the Recommendation in block 29 as we are the servicing Financial office for pay matters.
- Please ensure all appropriate documentation is provided along with the DD 2789 to support the members claim, (i.e. rental agreements, LES's, court documentation etc.)
- Upon determination from DFAS/DE, DFAS will mail a letter to members command.

CPC Responsibility

- Ensure appropriate blocks are completed and appropriate documentations are provided along with the DD 2789 to support the members claim.

PSD RESPONSIBILITY

- Will process suspension of debts and fill out blocks 23 through 31f and forward to DFAS/DE for adjudication.
- Upon receipt of determination from DFAS-DE, forward copy to CPC for delivery to the member.

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)

PRIVACY ACT STATEMENT

AUTHORITY: Title 37, U.S. Code, Section 427.
PRINCIPAL PURPOSE: To evaluate member's application for FSA.
ROUTINE USES:
a. Serves as substantiating document for FSA payments and input into the member's pay account.
b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.
c. Provides a record in service member's pay account and for safekeeping.
DISCLOSURE: Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.

1. NAME OF MEMBER *(Last, First, Middle Initial)*	2. GRADE	3. SOCIAL SECURITY NUMBER	4. BRANCH AND ORGANIZATION

PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA

5. TYPE II *(X as applicable)*
☐ FSA-T (Temporary) ☐ FSA-R (Restricted) ☐ FSA-S (Ship)

6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)

7. DATE *(DDMMYY)* **DEPARTED RESIDENCE TO UNIT HOME STATION** *(Mobilized Members)*

8. I CERTIFY TO THE FOLLOWING FACTS *(X applicable box(es))*

☐ a. I am not divorced or legally separated from my spouse.
☐ b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.
☐ c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty.
☐ d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.
☐ e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.
☐ f. I am married to another military member currently serving on active duty and my spouse ☐ was ☐ was not residing with me immediately before being separated by execution of my military orders.
Spouse's SSN: _____ Branch and Component: _____
☐ g. My last TDY or deployment, if any, ☐ was ☐ was not within the last 30 days from this TDY or deployment.

9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.

a. DATE *(DDMMYY)*	b. SIGNATURE OF MEMBER

PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW

10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. *(Attach a blank page for continuation if necessary.)*

a. LOCATION	b. INCLUSIVE DATES OF TDY/T *(From/To)*	c. NO. OF DAYS

11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ *(Last permanent duty station)* on _____ *(DDMMYY)*
and was on leave en route _____ *(Inclusive leave dates - DDMMYY)*, proceed time _____ *(Inclusive dates)*
and the member reported to _____ *(PDS)* on _____ *(DDMMYY)*. Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.

12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing *(DDMMYY)* _____.

a. NAME OF SHIP/UNIT	b. HOMEPORT

13. Travel performed under authority of orders _____, dated _____.

14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.

15. DATE *(DDMMYY)*	16. CERTIFYING OFFICER	
	a. TYPED NAME *(Last, First, Middle Initial)*	b. TITLE
	c. ORGANIZATION	d. SIGNATURE

FIGURE 1

Command Letterhead

7200
CPC
Date

From: Commanding Officer,
To: Officer in Charge,

Subj: FAMILY SEPARATION ALLOWANCE (FSA)

Ref: (a) DODFMR Vol. 7A Chp. 27

Encl: (1) FSA LIST

1. Per reference (a), all personnel listed in enclosure (1) are no longer entitled to FSA) beginning 9 November 2007.

SIGNATURE

FIGURE 2

Command Letterhead

7200
CPC
DATE

From: Commanding Officer,
To: Officer in Charge,

Subj: HOSTILE FIRE PAY/COMBAT ZONE TAX EXCLUSION

Ref: (a) DODFMR Vol. 7A, Chp. 10

1. Per reference (a), request stop Hazardous Duty Pay/Combat Zone Tax Exemption for the attached list of personnel effective DD MMM YY.

2. Any further information regarding this matter may be addressed to _____, via email:

SIGNATURE

FIGURE 3

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991
SHIP OR STATION

COMMAND

_____: Career Sea Pay Premium (CSPP) started this date.

Witnessed by: _____
NAME, RANK, USN
TITLE

NAME (LAST, FIRST MIDDLE)	SSN	BRANCH
		USN

Command Letterhead

7200
CPC
DATE

From: Commanding Officer,
To Officer in Charge,

Subj: AUTHORIZATION FOR SEPARATE RATIONS (SEPRATS)

Ref: (a) USS ANTIETAM (CG 54) ltr 1000 Ser 08/89 of 1 Aug 07

1. In response to reference (a), COMMAND is authorized to grant command enlisted personnel SEPRATS. This authorization is effective from 5 October 2007 to 16 January 2008.

2. COMMAND will provide two Culinary Specialists and two Food Service Attendants (one each per watch section) through out the period of messing support at Naval Base Galley. Hot meals will be prepared to support ship's duty sections and restricted by personnel, if any, and will be transported to the ship designated personnel. Additional Culinary Specialist will be required if actual number of personnel subsisting exceeds 25.

3. Questions concerning this authorization may be directed to the Food Service Officer, NAME at PHONE.

SIGNATURE

Copy to:
NAVBASE Galley

FIGURE 5

Command Letterhead

7200
CPC
DATE

From: Commanding Officer,
To: Commanding Officer,
Via: Commander,

Subj: REQUEST FOR AUTHORIZATION TO MESS SEPARATELY

Ref: (a) MILPERSMAN 7220-180 Para 3.

1. COMMAND will be undergoing Selective Restricted Availability (SRA) from _____ through _____, which requires the crew to move off the ship as well as entailing significant work in the ship's food service spaces.

2. Per reference (a), request 350 enlisted personnel, be authorized to mess separately.

3. Utilizing the Naval Station, San Diego shore based galley during the SRA period would result in significant costs for transportation to and from BAE systems shipyard. In addition the travel time required would negatively impact productivity and crew quality of life. The size of the berthing barge galley and eating areas are insufficient to support the crew during normal working hours. Additionally, the SRA period is a prime time in the schedule to send the Culinary Specialists to Class C schools and to take full advantage of the training seminars offered by Afloat Training Group and the Navy Food Management Team.

4. I appreciate your support and assistance in this matter. My point of contact for this request is NAME, TITLE, PHONE.

SIGNATURE

Copy to:
Disbursing Officer

FIGURE 6

Command Letterhead

7200
CPC
DATE

From: Commanding Officer,
To: Officer in Charge,

Subj: HAZARDOUS DUTY INCENTIVE PAY (HDIP) FOR VISIT, BOARD, SEARCH, AND SEISURE (VBSS)

Ref: (a) CNO Memo 3 Nov 03

Encl: (1) VBSS HDIP LIST

1. Per reference (a), all personnel listed in enclosure (1) are entitled for VBSS HDIP for the month of November, 2007.

SIGNATURE

FIGURE 7

COMMAND VBSS HDIP MONTH YEAR PAY LIST

#	NAME	RANK	SSN	DEPT	POSITION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	TOTAL
1					BO	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
2					BO	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
3					BO/ABO	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
4					BO/ABO	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
5					BO/ABO	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
1					BREACHER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
2					BREACHER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
3					BREACHER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
4					BREACHER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
5					BREACHER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
6					SECURITY	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
7					SECURITY	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
8					SECURITY	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
9					SECURITY	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
10					SECURITY	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
11					ENGINEER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
12					ENGINEER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
13					ENGINEER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
14					ENGINEER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
15					ENGINEER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
1					COXWAIN	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
2					COXWAIN	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
3					BOAT ENGINEER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
4					BOAT ENGINEER	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
5					STERN HOOK	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0
6					BOW HOOK	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	NBD	0

*** TOTAL OF # BOARDING OPERATIONS BY THE COMMAND VBSS TEAM DURING THE MONTH OF MONTH YEAR ***
NBD (NONE BOARDING DAY)

SUBMITTED BY: _____ REVIEWED BY: _____ APPROVED BY: _____

Command Letterhead

7200
CPC
DATE

From: Commanding Officer,
To: Officer in Charge,

Subj: SUBMISSION OF PERSONNEL AUTHORIZED TO RECEIVE FLIGHT DECK HAZARDOUS DUTY PAY FOR MONTH YEAR

Encl: (1) COMMAND Sailors authorized to receive Flight Deck Hazardous Duty Pay

1. Credit Flight Deck Hazardous Duty pay for the listed personnel from _____ to _____.

SIGNATURE

FIGURE 9

#	NAME	RANK OR RATE	FDHD BILLET	DATE ORDERS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
				COMMENCED	TERMINATED																														

RECORD FOR THE MONTH OF _____

FLIGHT DECK HAZARDOUS DUTY PAY LOG

CERTIFIED BY NAME, RANK, TITLE

Command Letterhead

7200
CPC
DATE

From: Disbursing Officer, _____
To: NAME, SSN

Subj: INDEBTEDNESS TO THE U.S. GOVERNMENT

Ref: (a) DJMS Procedures Training Guide, Part 7, Chp. 7

1. Per reference (a), you are hereby advised of an indebtedness to the U.S. Government in the amount of $_____. **The indebtedness is due to the overpayment of Family Separation Allowance. The member received the allowance from DATE until DATE and was not entitled to the effective date of DATE.**

2. If you wish, you may inspect and copy all records pertaining to the debt. If you believe you have already paid the debt, please provide the Disbursing Officer with a receipt, a canceled check, or other evidence of payment. If you consider the debt to be invalid, you should inform the Disbursing Officer, either orally or in writing, explaining your position. The Disbursing Officer will then assist you in resolving the issue.

3. If you acknowledge owing the indebtedness, but feel that you should not be required to repay it, you have the right to request remission of the indebtedness. Information concerning the preparation and submission of waiver requests is contained in DODFMR 7A Chp. 50. Assistance in preparing such a request can be obtained from your personnel office.

4. If you do not exercise your rights as explained in paragraphs 2 and 3, you have the following options for liquidating this indebtedness:

a. Cash repayment in a lump sum;

b. One-time collection from your pay;

c. Cash deposit with remainder to be paid by installment,

d. Installment liquidation of the entire amount.

5. **If you have not made remittance or expressed a preference of repayment by 30 days from the date of this letter**, your pay will be checked at the maximum rate provided by law. Therefore, you are strongly urged to consult with disbursing office personnel in order to arrive at a satisfactory resolution. Any portion of the debt that remains outstanding at the time of separation will be collected from your final pay and allowances.

6. Your POC to discuss this indebtedness is as follows:

Name:
Rank:
Title:

SIGNATURE

FIGURE 11

WAIVER/REMISSION OF INDEBTEDNESS APPLICATION

(If more space is needed, continue on separate sheet(s). Identify each item by number.)

OMB No. 0730-0009
OMB approval expires Nov 30, 2008

The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0730-0009). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.
SEPARATED MILITARY OR FORMER CIVILIAN EMPLOYEES, RETURN COMPLETED FORM TO: DFAS-POCT/DE, DEFENSE FINANCE AND ACCOUNTING SERVICE - DENVER, 6760 E. IRVINGTON PL., DENVER, CO 80279-7300.

ACTIVE DUTY MILITARY, GUARD/RESERVE, RETIRED OR ANNUITANT PAY RECIPIENTS, CIVILIAN EMPLOYEES, RETURN COMPLETED FORM TO THE ADDRESS LISTED ON THE DEBT NOTIFICATION LETTER FOR COMPLETION OF BACK SIDE.

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397 (SSN).
PRINCIPAL PURPOSE: To be used by civilian employees (current, former, or retired) and military members (active, separated, or retired), and annuitants to request waiver of indebtedness collection for erroneous payments of salary or pay and allowances, and expense reimbursement or allowances for travel, transportation, and relocation; or in the case of enlisted members, remission of these debts.
ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. Section 552a of the PA, this information may be disclosed to the Department of Justice or to commercial credit agencies, whenever a financial status report is requested by the Department of Defense (DoD) for use in administering the Federal Claims Collection Act. It may also be disclosed for any of the blanket routine uses as published in the Federal Register at the beginning of the DFAS compilation of PA system notices.
DISCLOSURE: Disclosure is voluntary; however, failure to disclose the requested data, including your Social Security Number, may prevent consideration of the claim.

1. TYPE OF CLAIM *(X one)* ☐ **WAIVER** ☐ **REMISSION**

Authority for granting waiver: Active/Retired Military - 10 U.S.C. 2774; National Guard - 32 U.S.C. 716; Civilian - 5 U.S.C. 5584; Annuitant - 10 U.S.C. 1442/1453. Remission: Army - 10 U.S.C. 4837; Navy - 10 U.S.C. 6161; Air Force - 10 U.S.C. 9837.
Note: Remission generally is applicable for active duty enlisted personnel only, see DoDFMR, Volume 7A.

SECTION I - CIVILIAN/MILITARY/RETIREE/ANNUITANT INFORMATION

2. NAME *(Last, First, Middle Initial)*	3. RANK/GRADE	4. SOCIAL SECURITY NUMBER

5. AGENCY/SERVICE
- ☐ ARMY ☐ OTHER *(Specify)*
- ☐ NAVY
- ☐ AIR FORCE
- ☐ MARINE CORPS

6. STATUS *(X applicable block and provide date (YYYYMMDD) for end of enlistment period (EOE), retirement (DOR), separation (DOS), or service computation date (SCD), as appropriate.)*
- ☐ ACTIVE EOE: _____
- ☐ GUARD/RESERVE EOE: _____
- ☐ RETIRED DOR: _____
- ☐ SEPARATED DOS: _____
- ☐ DOD CIVILIAN SCD: _____
- ☐ ANNUITANT

7. CURRENT COMPLETE MAILING ADDRESS *(Street, City, State, ZIP Code)*	8. PLACE OF ASSIGNMENT OR EMPLOYMENT	9. TELEPHONE *(Include DSN or area code)*
		a. WORK
		b. HOME
		c. E-MAIL ADDRESS:

10. TYPE OF DEBT OR PAY AND ALLOWANCE ERRONEOUSLY PAID	11. GROSS DEBT AMOUNT

12. STATE THE DATE AND HOW YOU FIRST BECAME AWARE OF DEBT OR ERRONEOUS PAYMENT. *(Attach notification, if available.)*

13. IF YOU WERE AWARE OF DEBT OR ERRONEOUS PAYMENT, EXPLAIN THE ACTIONS YOU TOOK TO CORRECT SITUATION.

14. REASON FOR REQUESTING WAIVER/REMISSION AND WHY YOU FEEL IT SHOULD BE APPROVED *(Financial hardship applies ONLY to REMISSION and if claimed, a financial statement must be attached.)*

15. FOR ANNUITANTS, PROVIDE NAME, SSN AND DATE DECEASED OF MILITARY MEMBER/SPONSOR.

16. ATTACH COPIES OF ALL PERTINENT DOCUMENTS *(Such as Request for BAH, Statement of Service, Separation Worksheet, DD Form 214, Travel Voucher, Notification of Personnel Action). (If not available, please explain.)*

17.a. IF MILITARY OR CIVILIAN, DID YOU RECEIVE LEAVE AND EARNINGS STATEMENT(S)?	☐ YES	☐ NO
b. IF MILITARY OR CIVILIAN, DID YOU REQUEST THEM ON EMSS/MYPAY?	☐ YES	☐ NO
c. IF RETIREE OR ANNUITANT, DID YOU RECEIVE AN ACCOUNT STATEMENT?	☐ YES	☐ NO
d. IF RETIREE OR ANNUITANT, DID YOU REVIEW THEM?	☐ YES	☐ NO

(If answer to a. or c. is Yes, attach a copy of statement covering before, during, and after period. If No, explain why.)

18. HAVE YOU FILED FOR A CORRECTION OF MILITARY RECORDS?	☐ YES	☐ NO

19. I certify the above statements are true and correct to the best of my knowledge. The information presented may be referred to the appropriate investigating office for verification. I understand the penalty for a false claim is a maximum fine of $10,000 or a maximum imprisonment of 5 years, or both.

a. SIGNATURE	b. JOB TITLE/CAREER FIELD	c. DATE SIGNED

20. COMMANDER'S ENDORSEMENT *(Required for Navy active duty and reserves, others optional. Use separate sheet of paper if needed.)*

21. RECOMMENDATION:		APPROVE		PARTIAL $		DENY	RECOMMEND COLLECTION RATE $

22a. COMMANDER'S SIGNATURE	b. DATE SIGNED

SECTION II - REPORT OF INVESTIGATION

To be completed and signed by appropriate payroll/travel office. *(Not applicable for retirees, annuitants, or out-of-service military members.)*

23. INFORMATION ON DEBT OR ERRONEOUS PAYMENT(S)

a. GROSS DEBT AMOUNT	b. TYPE(S) OF PAYMENT(S)	c. DATE(S) OF PAYMENT(S)

d. *(X and complete as applicable)*	YES	NO	(5) DATE THE DEBT WAS DISCOVERED
(1) HAS THE DEBT BEEN VALIDATED?			
(2) HAS THE DEBT BEEN POSTED TO THE DEBTOR'S RECORDS?			(6) NAVY ONLY: AMOUNT UNCOLLECTED AS OF DATE OF THE COMMANDER'S SIGNATURE: $
(3) REMISSION: HAS THE COLLECTION ACTION BEEN SUSPENDED?			
(4) WAIVER: HAS FINANCE OFFICE SUSPENDED COLLECTION IAW DODFMR, VOL. 5, CH. 31?			

24. A DEBT COMPUTATION MUST ACCOMPANY THIS APPLICATION. It must include dates of erroneous payments, what was paid (broken down by entitlements), what should have been paid, and the difference. The total debt must equal the debt posted to the debtor's record. Indicate any entitlements or credits used to offset the debt. **This application will be returned without action unless the computation is included.**

a. ENTITLEMENT	b. DATE(S)	c. WAS PAID	d. SHOULD HAVE BEEN PAID	e. DIFFERENCE
				0.00
				0.00
				0.00
				0.00

25. DETAILED STATEMENT OF HOW AND WHY ERROR OCCURRED.

26. IS THERE ANY INDICATION OF FRAUD, MISREPRESENTATION, FAULT, OR LACK OF GOOD FAITH ON THE PART OF THE CLAIMANT?

☐ **YES** *(Explain)* ☐ **NO**

27. STATEMENT AS TO WHETHER OR NOT THE CLAIMANT KNEW OR SHOULD HAVE BEEN AWARE OF RECEIVING AN ERRONEOUS PAYMENT. *(Furnish facts and circumstances to support answer, state whether claimant received documents, and provide copies, if available. Use a separate sheet of paper if additional space is required.)*

28. REMARKS *(Attach a separate sheet of paper, if needed.)*

29. RECOMMENDATION:		APPROVE		PARTIAL $		DENY

30. DESIGNATED FINANCIAL AGENT

a. SIGNATURE	b. TITLE	c. DATE SIGNED

31a. COMPLETE UNIT MAILING ADDRESS	b. POINT OF CONTACT NAME	
	c. TELEPHONE *(DSN)*	d. FAX NUMBER
e. ADSN/DSSN/UIC	f. E-MAIL ADDRESS	

Spouse's monthly gross income		$	Spouse's other monthly gross income	$
Less expenses incident to employment			Less expenses incident to the operation of a private business or other outside income. (Itemize and/or explain as appropriate. Use a separate sheet if necessary.)	
FITW	$			
SITW				
FICA				
Car maintenance and operation				
Other transportation expenses				
Car payment				
Child care				
Other (Specify)				
			Net amount of other monthly income	$
			RECAP OF TOTAL MONTHLY FAMILY INCOME	
			Applicant's net income	$
			Spouse's net income	
			Other net income	
Total Expenses		$	Total net monthly income after expenses for family	$
Spouse's net income		$		

OTHER ASSETS: Show present value of and equity in all assets other than household goods and clothing, including but not limited to savings and checking accounts, stocks, bonds, real estate, automobiles, boats, trailers, business, etc.

REMARKS:

I make the foregoing statements as a part of my application with full knowledge of the penalties for willfully making a false statement. 19 USC 1001 provides a penalty as follows: A maximum fine of $10,000 or a maximum imprisonment of 5 years or both.

SIGNATURE OF APPLICANT	DATE	Date application received by Member's Commanding Officer

SECTION II **INFORMATION COMPLETED BY COMMANDING OFFICER**

Are amounts provided by the member reasonable for your locale? Explain any conerns you have with the amounts reported.

Do you believe hardship is an appropriate consideration in the member's application? Provide your opinion on the extent of hardship and/or recommend a monthly collection rate.

ENDORSEMENT PREPARED BY:	POSITION TITLE	TELEPHONE NUMBER (AUTOVON)
SIGNATURE AND GRADE		DATE

FIGURE 13

FINANCIAL STATEMENT - REMISSION OF INDEBTEDNESS

AUTHORITY: 10 USC 2774, 10 USC 6161, and SECNAVINST 7220.38E et sequentia.

PURPOSE: To request waiver of collection of erroneous payments of pay and allowances or remission of indebtedness.

ROUTINE USES: By designated Navy and Marine Corps personnel and the Comptroller General of the United States in the course of administering the above waiver statues.

DISCLOSURE: Disclosure is voluntary, however, failure to disclosure requested data, including your social security number (SSN), may prevent waiver consideration of the claim for erroneous payments you have received. Your SSN is requested under the authority of Executive Order 9397 and will be used to distinguish you from all other individuals who have sought or may seek waiver.

SECTION I — INFORMATION COMPLETED BY THE MEMBER

NAME (Last, First, M.I.)	GRADE	SSN

DEPENDENTS

NAME AND ADDRESS	AGE	RELATIONSHIP	% OF SUPPORT

APPLICANT'S MONTHLY INCOME AND EXPENSES

MONTHLY INCOME		MONTHLY EXPRESS	
Basic Pay	$	FITW (Exemption Status)	$
Basic Allowance for Quarters		SITW (Exemption Status)	
Basic Allowance for Subsistence		FICA Tax	
Clothing Maintenance Allowance		Rent	
Family Separation Allowance		Utilities *	
Variable Housing Allowance		Telephone	
Other (Specify)		Food	
		Clothing	
		Insurance*	
		Car Expenses (Operating)	
		School*	
		Medical/Dental*	
		Fortfeitures of Pay - Exp.:	
TOTAL	$	Child Support/Alimony	
		Other (Specify)	

MONTHLY INSTALLMENT PAYMENTS

ITEM	EXPIRES	AMOUNT
House		$
Car		
Furniture		
Other (Specify)		
TOTALS		$

TOTAL	$

RECAP OF TOTAL MONTHLY INCOME

Total monthly gross income (Pay and Allowance)		$
Total monthly installment payments	$	
Total monthly expenses	$	
Total monthly obligations (Installment payments and expenses)		$
Net income (Total monthly gross income less total monthly obligations)		$

*Itemize/explain as appropriate. Use separate sheet if necessary

NAVPERS 7220/8 (8-85) S/N 0106-LF-072-2040

FIGURE 13

RECEIPTS

REFERENCE(s):
(a) MILPERSMAN 1320-140
(b) DJMS Procedures Training Guide
(c) JFTR, Volume 1
(d) DODFMR Volume 9

REQUIRED DOCUMENT(s):
(1) Original PCS Orders
(2) NAVPERS 1070/602 Dependency Application/Record of Emergency Data (Page 2)
(3) Travel Voucher DD Form 1351-2 (For supporting documents refer to Travel Section) - **Figure 1**
(4) Travel Direct Deposit Form (EFT Form) - **Figure 2**
(5) NAVPERS 1070/613 - Administrative Remarks (Page 13's)
(6) Marriage to any member assigned to the same activity - **Figure 3a**
(7) Fraternization - **Figure 3b**
(8) Hazing - **Figure 3c**
(9) Sea Duty Counter - **Figure 3d**
(10) Election of reduced or no SGLI coverage (if applicable) - **Figure 3e**
(11) SGLI designation other than primary beneficiary - **Figure 3f**
(12) Basic Allowance for Housing (Single and with Dependent) - **Figure 3g**
(13) Rap duty (if applicable)
(14) Special request chit for BAH Single and Dependent Location (for additional documents refer to Customer Service Section)
(15) Command Responsibility Pay Memorandum **(CO's ONLY)** - **Figure 4**
(16) Statement to substantiate payment of FSA DD 1561 - **Figure 5**
(17) Service Members' Group Life Insurance form SGLV 8286 - **Figure 6**
(18) Request for Insurance (SGLI) SGLV 8285 - **Figure 6a**
(19) Family Coverage Election SGLV 8286A - **Figure 7**
(20) Request for Family Coverage SGLV 8285A - **Figure 7a**
(21) Family Care Plan Certificate NAVPERS 1740/6 (if applicable) - **Figure 8**

FOR TOPS GAINS

- Supervisor will review and ensure that gain documents are attached.
- Supervisor will dispatch transaction to clerk.
- Clerk will begin processing gain, verify TOPS and ensure that:

  - PCS Orders are endorsed.
  - Travel claim (DD Form 1351-2) is completed and dates match the endorsements on the orders.
  - BAH pg 13 (if required) is provided, address has to match the PG 2.
  - RAP duty pg 13 is signed by recruiter and dates are accurate.

- PG2 has been updated (pen & ink changes), signed and dated.
- All ANNEXES are provided for members entitled to enlistment bonus and member has complied with required OBLISERVE.
- Clerk will input gain data in NSIPS.
- Member will be gained under ACC 100 or ACC 350.
- Sea pay will be started.
- BAH will be continued if entitled and required documentation is received.
- BAQ "T" rate will be credited (if entitled).
- FSA will be started if ship is deployed (if entitled), need to submit DD form 1561.
- HFP/IDP will be started if ship is in a designated area.
- Enlistment bonus will be credited. NOTE: If member received an initial installment, an email must be sent to NPC PERS-811 to release pay authorization to DFAS for the remainder of the bonus
- Commanding Officer's responsibility pay memo's date has to reflect the date of change of command, Command-at-Sea pay for Commanding Officer will be started.
- Command Master Chief's SDAP will be started once the page 13 is provided.
- Process meal deduction in DMO (can only be done after gain has posted).

- Once all entitlements post, clerk will mark TOPS transaction "for review."
- Supervisor will then review TOPS transaction and verify all entitlements have posted and will mark the transaction "complete."
- ESR will be turned into the vault and if a dummy record is created it will be filed while waiting for the ESR from the command.

CPC RESPONSIBILITY

CPC will assist member in:

- Updating NAVPERS 1070/602 (Page 2), pen & ink the changes and ensure member signs and dates Page 2
- Filling out SGLI (fill out FSGLI if applicable)
- Filling out travel claim (sign Blk 20) and EFT form
- Signing required NAVPERS 1070/613's (see FIG 3a-g)
- Signing BAH PG 13 for members receiving BAH single or w/dependent. For member requesting to receive BAH-Single, PSD requires a copy of the approved request chit.
- Making sure RAP Duty PG 13 is signed by appropriate personnel (if applicable)

After all the necessary paperwork is completed, the CPC will:

- Submit gain package consisting of original PCS orders, Page 2, and Figure1-8 via Transaction Online Processing System (TOPS).
- Submit a separate TOPS request for travel claim package directly to PSD travel section.
- Submit "Command-at-Sea" Responsibility pay memo for the CO, this is required before starting the entitlement.

NOTE

- Upon return of the ship from deployment, the CPC will bring the ESR to PSD for those members who reported straight to the ship.

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
- [ ] Electronic Fund Transfer (EFT)
- [ ] Payment by Check

SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.

[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

2. NAME *(Last, First, Middle Initial) (Print or type)*

3. GRADE

4. SSN

5. TYPE OF PAYMENT *(X as applicable)*
- [ ] TDY
- [ ] PCS
- [ ] Dependent(s)
- [ ] Member/Employee
- [ ] Other
- [ ] DLA

6. ADDRESS. a. NUMBER AND STREET | b. CITY | c. STATE | d. ZIP CODE

e. E-MAIL ADDRESS

7. DAYTIME TELEPHONE NUMBER & AREA CODE

8. TRAVEL ORDER/AUTHORIZATION NUMBER

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES

10. FOR D.O. USE ONLY
- a. D.O. VOUCHER NUMBER
- b. SUBVOUCHER NUMBER
- c. PAID BY
- d. COMPUTATIONS

11. ORGANIZATION AND STATION

12. DEPENDENT(S) *(X and complete as applicable)*
- [ ] ACCOMPANIED
- [ ] UNACCOMPANIED

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*
- [ ] YES
- [ ] NO *(Explain in Remarks)*

15. ITINERARY

a. DATE		b. PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	0.00
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

16. POC TRAVEL *(X one)*
- [ ] OWN/OPERATE
- [ ] PASSENGER

17. DURATION OF TRAVEL
- [ ] 12 HOURS OR LESS
- [ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
- [ ] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE | b. DATE | **c. SUPERVISOR SIGNATURE** | d. DATE

21.a. APPROVING OFFICER SIGNATURE | b. DATE

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED *(Payee Signature and Date or Check No.)*	28. AMOUNT PAID

DD FORM 1351-2, AUG 2006 PREVIOUS EDITION (JUL 2004) MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved byGSA/IRMS 12-91.
Adobe Designer 7.0

FIGURE 1

PSA WEST Travel Direct Deposit Form

I authorize my travel payments to be directly deposited into the financial account shown below. I further understand that I must notify PSA WEST CENTRAL PROCESSING SITE OR MY SERVICING PSD of any banking changes that I make to this direct deposit account.

Traveler Information: (Please **TYPE** or **PRINT**) Organization: _____

Name: _____
Last First Middle Initial

Social Security Number _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Financial Information

Bank Routing Number: __ __ __ __ __ __ __ __ __ (9 digits)

Account Number: _____

Type of Account: ☑ Checking or ☐ Savings

Financial Institution Name: _____

Attached this form to the front of your DD1351-2

_____ _____
Signature **Date**

PRIVACT ACT STATEMENT

AUTHORITY: 31 C.F.R. Part 209, Department of the Treasury Financial Manual, Bulleting No. 95-07, E.O. 9397, DOD Financial Management Regulation, Volume 5.
PRINCIPAL PURPOSES: This form authorizes direct deposit of travel payments to financial institutions to which payment is to be directed.

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991
SHIP OR STATION

OIC, PERSONNEL SUPPORT DETACHMENT AFLOAT WEST, SAN DIEGO UIC: 3500B

_____:

I, _____., understand that I am assigned to an afloat activity and that marriage to any member assigned to the same afloat activity will result in reassignment of either my spouse or myself. I further understand that the Commanding Officer must be notified as early as possible concerning such marriage in order to avoid precipitous transfer or assignment action would be in accordance with eligibility and manning requirements which include availability and location of billets during the time frame involved. However, conduct onboard which constitutes unduly familiar relationship is not excused or mitigated by subsequent marriage of crewmembers and will be in violation of U. S. Navy Regulations.

_____
Signature of Member

Witnessed by: _____
V. SOLTERO, PS2 (SW/SCW), USN
Receipts Section Supervisor

NAME (LAST, FIRST MIDDLE)	SSN	BRANCH AND CLASS
		USN

FIGURE 3A

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991
SHIP OR STATION

OIC, PERSONNEL SUPPORT DETACHMENT AFLOAT WEST, SAN DIEGO UIC: 3500B

_____:

I, _____, certify that I have read and understand the following policy concerning fraternization:

FRATERNIZATION: Personal relationships between officer and enlisted members, between officer members or between enlisted members, that are unduly familiar and that do not respect differences in grades or rank and when prejudicial to good order and discipline or discredit to the naval service my result from, but are not limited to, circumstances which:

1. Call into question a senior's objectivity;
2. Result in actual or apparent preferential treatment;
3. Undermine the authority of a senior; or
4. Compromise the chain of command.

Proper social interactions and appropriate personal relationships are an important part of ship's morale and esprit de corps. Officer and enlisted participation on command sports teams and other command sponsored events intended to build crew's morale and camaraderie is healthy and clearly appropriate.

FRATERNIZATION as defined above is PROHIBITED and punishable as an offense under the Uniform Code of Military Justice.

_____
Signature of Member

Witnessed by: _____
V. SOLTERO, PS2 (SW/SCW), USN
Receipts Section Supervisor

NAME (LAST, FIRST MIDDLE)	SSN	BRANCH
		USN

FIGURE 3B

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

SHIP OR STATION

OIC, PERSONNEL SUPPORT DETACHMENT AFLOAT WEST, SAN DIEGO UIC: 3500B

_____: I, _____, certify that I have read and understood the following Commanding Officer's policy concerning fraternization:

"Fraternization is a term traditionally used to identify personal relationships that contravene the customary bounds of acceptable senior-subordinate relationships. Although it has most commonly been applied to officer-enlisted relationships, fraternization also includes improper relationships and social interaction between fellow officers as well as between fellow enlisted members. My guiding principle in support of this policy is to prevent personal relationships which negatively impact good order and discipline, command morale, or are of such a nature as would bring discredit on the naval service. With this in mind, the following are inappropriate relationships and will be addressed as such:

(1) Personal relationships between officers and enlisted that are unduly familiar and that do not respect differences in grade or rank.

(2) Personal relationships between Chief Petty Officers and junior enlisted (E1 to E6) that are unduly familiar and that do not respect differences in grade. CPOs are separate and distinct leaders within the command, not only with their chain of command but throughout the ship. With this unique leadership responsibility, personal relationships between CPOs and junior enlisted or officers would be prejudicial to good order and discipline.

(3) Personal relationships between E6 and junior enlisted personnel (E1 to E4) within immediate chain of command that are unduly familiar and do not respect differences in grade and rank.

There is nothing new or mysterious here - and (in terms of fraternization) this is a gender-neutral concept. I will always hold the senior person involved most responsible for preventing inappropriate relationships. Over 200 years of seagoing experience have demonstrated that seniors must maintain thoroughly professional relationships with juniors at all times. Use common sense, know the rules, and if in doubt, involve the chain of command BEFORE it becomes a problem. Similar to hazing/harassment, perceptions can be just as -damaging as the reality or intention.

I expect all crewmembers to maintain the utmost professionalism toward and respect for each other."

_____
Signature of Member

Witnessed by: _____
V. SOLTERO, PS2 (SW/SCW), USN
Receipts Section Supervisor

NAME (LAST, FIRST MIDDLE)	SSN	BRANCH
		USN

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991
SHIP OR STATION
OIC, PERSONNEL SUPPORT DETACHMENT AFLOAT WEST, SAN DIEGO UIC: 3500B

_____:

I, _____, certify that I have read and understand the following policy.

Definition: Hazing is any conduct whereby a military member or members, regardless of rank, without proper authority causes another military member or members, regardless of rank, to suffer or be exposed to any activity which is cruel, abusive, humiliating, oppressive, demeaning or harmful. Soliciting or coercing another to perpetrate any such activity. This definition include, but is not limited to the following: playing abusive tricks; threatening or offering violence or bodily harm; branding; tattooing; shaving; greasing; painting; "pinning", "tacking on", "blood wings", or forcing or requiring the consumption of food, alcohol, drugs or any other substance.

Hazing does not include command authorized mission or operational activities; the requisite training to prepare for such missions or operations; administrative corrective measures; extra military instruction; command authorized physical training, and other similar activities that are authorized by the chain of command.

Hazing is typically associated with initiations or "rites of passage". Such activities, if not cruel or abusive and if properly supervised and authorized by the chain of command, can be effective leadership methods to instill unit esprit de corps and service loyalty. Any such activity will be strictly scrutinized by the chain of command to ensure that the dignity and respect of all participants are maintained, while preserving historical customs and traditions.

Policy: The policy of zero tolerance cannot be over simplified further than to say ...**NO HAZING**! If in doubt as to whether the action could be considered hazing, assume that it is and do not do it, do not tolerate it.

Action: I understand that I am personally responsible in obeying and enforcing Navy policy on hazing. I will practice zero tolerance and when violations occur, I will make timely report to my chain of command. I further understand that the command will take decisive, timely action and appropriate punishment awarded to all violators.

_____
Signature of Member

Witnessed by: _____
V. SOLTERO, PS2 (SW/SCW), USN
Receipts Section Supervisor

NAME (LAST, FIRST MIDDLE)	SSN	BRANCH AND CLASS
		USN

NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

SHIP OR STATION

OIC, PERSONNEL SUPPORT DETACHMENT AFLOAT WEST, SAN DIEGO UIC: 3500B

_____: Sea Duty Counter started this date. Total cumulative sea time is determined to be _____ days.
(Source: *T2, JJAA, MMPA).*

Witnessed by: _____
V. SOLTERO, PS2 (SW/SCW), USN
Receipts Section Supervisor

NAME (LAST, FIRST MIDDLE)	SSN	BRANCH AND CLASS
		USN

FIGURE 3D

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81F)
S/N 0106-LF-010-699

E-32

SHIP OR STATION
OIC, PERSONNEL SUPPORT DETACHMENT AFLOAT WEST, SAN DIEGO UIC: 3500B

ELECTION OF REDUCED OR NO SGLI COVERAGE

I understand that by reducing / not electing SGLI coverage at the maximum of $400,000.00 that my beneficiaries will not receive the full $400,000.00 in the event of my death. I understand they will only receive the amount I have elected. I am electing coverage in the amount of: $_____. I understand that I can elect to change my coverage at any time and that by changing my coverage the cost of the SGLI to myself will change appropriately.

_____
(MEMBER'S SIGNATURE AND DATE)

WITNESSED: _____
V. SOLTERO, PS2 (SW/SCW), USN
Receipts Section Supervisor

NAME (LAST, FIRST MIDDLE)	SSN	BRANCH
		USN

FIGURE 3E

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81F)
S/N 0106-LF-010-699

E-32

SHIP OR STATION
OIC, PERSONNEL SUPPORT DETACHMENT AFLOAT WEST, SAN DIEGO UIC: 3500B

EXCLUSION OF SPOUSE AS SGLI BENEFICIARY

I understand that by not appointing my spouse to be a beneficiary of my SGLI will entitle my spouse to $0.00 of my life insurance in the event of my death.

(MEMBER'S SIGNATURE AND DATE)

WITNESSED:
V. SOLTERO, PS2 (SW/SCW), USN
Receipts Section Supervisor

NAME (LAST, FIRST MIDDLE)	SSN	BRANCH
		USN

FIGURE 3F

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

OIC, PERSONNEL SUPPORT DETACHMENT AFLOAT WEST, SAN DIEGO UIC: 3500B

STATEMENT OF UNDERSTANDING FOR BAH ENTITLEMENT

BAH DEPENDENTS AT DEPENDENTS LOCATION:

_____: I ( ) hereby understand that my eligibility of BAH at dependents location requires Commanding Officer's approval. The request chit with the CO's endorsement must be on file in my service record. I understand I must provide original supporting documents to validate entitlement for BAH Dependents Location. I further understand that if there is a change in dependent's address or dependency status (marriage, divorce, death or birth) that I must immediately notify the Personnel Officer and update my NAVPERS 1070/602.

I also certify that the address shown below is the primary residence of my dependents.

BAH DEPENDENTS AT PDS LOCATION:

_____: I ( ) hereby understand that my eligibility of BAH with dependents is based upon the dependents listed on my NAVPERS 1070/602. I further understand that if there is a change in dependency status (marriage, divorce, death or birth), dependent's address and/or assignment to government quarters that I must immediately notify the Personnel Officer and update my NAVPERS 1070/602.

I also certify that the address shown below is the primary residence of my dependents.

BAH SINGLE (E4 over 4 years, E5, E6 and above, military married to military: E5 and below both simultaneously assigned to sea duty):

_____: I ( ) hereby reaffirm my request for Single BAH in lieu of assignment to government quarters and understand that I must have a commercial residence in the vicinity of the homeport. If I am an E4 or E5, I understand that my eligibility requires the Commanding Officer and CBH Director's final approval. The request chit with the CO's/CBH Director's endorsement must be on file in my service record. I further certify that I must maintain the address shown below during a deployment in order to maintain continuous entitlement to BAH Single. I also understand that it is my responsibility to report any change to my living arrangements and if applicable the status of my military spouse to the Personnel Officer.

I also certify that the address shown below is also the same address listed on the Command Recall Bill.

ADDRESS AND FIRST NAME/RELATIONSHIP OF DEPENDENTS

ADDRESS:

_____

_____

FIRST NAME/RELATIONSHIP_____

FIRST NAME/RELATIONSHIP_____

Any member who submits a claim for BAH which contain a false statement maybe subject to a disciplinary action for violation of the UCMJ and/or administrative action, including processing for administrative separation. In addition, fraudulent acceptance of benefits may cause a civilian recipient to be subject to criminal prosecution. The law provides for severe penalties of imprisonment and a fine. For military personnel, it can include dishonorable discharge, total forfeitures and confinement. You are required to ensure your Page 2 is accurate and that changes in dependent status (marriage, birth, divorce, separation or death) or location, are immediately reported to the chain of command and your servicing Personnel Support Detachment (Ship or PSD Afloat).

MEMBER SIGNATURE DATE

S. D. ANTEOLA, PS1(SW), USN
RECEIPTS LPO

NAME (LAST FIRST MIDDLE)	SSN	BRANCH
		USN

FIGURE 3G

7200
CPC
DATE

From: Commanding Officer, _____
To:

Subj: COMMAND RESPONSIBILITY PAY

1. As of DATE, Commander NAME OF NEW CO, USN, XXX-XX-LAST 4, relieves Commander NAME OF OLD CO, USN, XXX-XX-LAST 4, as Commanding Officer of COMMAND.

2. Request you stop Command Responsibility Pay for Commander OLD CO as of DATE.

3. Request you start Command Responsibility Pay for Commander NEW CO as of DATE.

4. For questions or concerns, please contact NAME at PHONE.

SIGNATURE

FIGURE 4

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)

PRIVACY ACT STATEMENT

AUTHORITY: Title 37, U.S. Code, Section 427.
PRINCIPAL PURPOSE: To evaluate member's application for FSA.
ROUTINE USES:
a. Serves as substantiating document for FSA payments and input into the member's pay account.
b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.
c. Provides a record in service member's pay account and for safekeeping.
DISCLOSURE: Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.

1. NAME OF MEMBER *(Last, First, Middle Initial)*	2. GRADE	3. SOCIAL SECURITY NUMBER	4. BRANCH AND ORGANIZATION

PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA

5. TYPE II *(X as applicable)*
☐ FSA-T (Temporary) ☐ FSA-R (Restricted) ☐ FSA-S (Ship)

6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)

7. DATE *(DDMMYY)* DEPARTED RESIDENCE TO UNIT HOME STATION *(Mobilized Members)*

8. I CERTIFY TO THE FOLLOWING FACTS *(X applicable box(es))*

☐ a. I am not divorced or legally separated from my spouse.
☐ b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.
☐ c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty.
☐ d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.
☐ e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.
☐ f. I am married to another military member currently serving on active duty and my spouse ☐ was ☐ was not residing with me immediately before being separated by execution of my military orders.
Spouse's SSN: _____ Branch and Component: _____
☐ g. My last TDY or deployment, if any, ☐ was ☐ was not within the last 30 days from this TDY or deployment.

9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.

a. DATE *(DDMMYY)*	b. SIGNATURE OF MEMBER

PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW

10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. *(Attach a blank page for continuation if necessary.)*

a. LOCATION	b. INCLUSIVE DATES OF TDY/T *(From/To)*	c. NO. OF DAYS

11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ *(Last permanent duty station)* on _____ *(DDMMYY)*
and was on leave en route _____ *(Inclusive leave dates - DDMMYY)*, proceed time _____ *(Inclusive dates)*
and the member reported to _____ *(PDS)* on _____ *(DDMMYY)*. Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.

12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing *(DDMMYY)* _____.

a. NAME OF SHIP/UNIT	b. HOMEPORT

13. Travel performed under authority of orders _____, dated _____.

14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.

15. DATE *(DDMMYY)*	16. CERTIFYING OFFICER	
	a. TYPED NAME *(Last, First, Middle Initial)*	b. TITLE
	c. ORGANIZATION	d. SIGNATURE

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)
- ❑ Name or update your beneficiary
- ❑ Reduce the amount of your insurance coverage
- ❑ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name	First name	Middle name	Rank, title or grade	Social Security Number

Branch of Service (Do not abbreviate)	Current Duty Location

Amount of Insurance

By law, you are automatically insured for $400,000. ***If you want $400,000 of insurance***, skip to *Beneficiary(ies) and Payment Options.* ***If you want less than $400,000*** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of $50,000. ***If you do not want any insurance****, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage and traumatic injury protection under the SGLI program.

❑ I want coverage in the amount of $_____ Your initials_____

❑ _____

(Write "I do not want Insurance at this time.")

Note: Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of Veterans' Group Life Insurance you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, $ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1.				
2.				
3.				
4.				
❑ Additional Principals on page 5 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
❑ Additional Contingents on page 5 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- ***This form cancels any prior beneficiary or payment instructions.***
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than $400,000.

SIGN HERE IN INK ➢ _____ Date: _____

(Your signature. Do not print.)

Do not write in space below. For official use only.

RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Beneficiary Continuation

Instructions: This page is to be used ***ONLY*** when the service member wants to name more beneficiaries than the number of beneficiary spaces provided on page 2. If this page is completed, it should be copied and distributed together with page 2 of this form.

Member Information

Last name	First name	Middle name	Rank, title or grade	Social Security Number

Beneficiary(ies) and Payment Options

In addition to the beneficiaries I have named on page 2 of this form (SGLV 8286), I also designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, $ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
5.				
6.				
7.				
8.				
9.				
10.				
Contingent				
5.				
6.				
7.				
8.				
9.				
10.				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- ***This is a continuation of my beneficiary designation on page 2 of this form, Servicemembers' Group Life Insurance Election and Certificate.***
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of the SGLV-8286, unless otherwise stated above.

SIGN HERE IN INK ➢ _____ Date: _____

(Your signature. Do not print.)

Do not write in space below. For official use only.

RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED

SGLV 8286. September 2007

Copy 1 - Member's Official Personnel File
Copy 2 - To Member
Copy 3 - To Active or Reserve Component of Uniformed Service

FIGURE 6

REQUEST FOR INSURANCE
(SERVICEMEMBERS' GROUP LIFE INSURANCE)

IMPORTANT- This form is for use by ACTIVE DUTY and RESERVE MEMBERS. Please read instructions on reverse before completing this form. **NOTE:** No insurance may be granted unless a completed application form has been received. (38 C.F.R. 9.8)

PART I - TO BE COMPLETED BY MEMBER

1. AMOUNT OF SGLI NOW IN FORCE	2. AMOUNT OF INCREASE DESIRED	3. TOTAL (BLOCK 1 +BLOCK 2)

4. FIRST NAME - MIDDLE NAME - LAST NAME	5. SOCIAL SECURITY NUMBER

6. BRANCH OF SERVICE *(Do not abbreviate)*	7.DATE OF BIRTH *(Mo.day,yr)*	8.WEIGHT	9.HEIGHT	10.SEX
				☐ MALE ☐ FEMALE

11. HAVE YOU EVER BEEN DIAGNOSED AS HAVING A DISEASE OR DISORDER OF THE IMMUNE SYSTEM?

☐ YES ☐ NO

12. HAVE YOU HAD OR BEEN TREATED FOR OR HAD KNOWN INDICATIONS OF:	YES	NO		YES	NO
			C. NERVOUS DISORDER?		
A. HEART CONDITION?			D. DIABETES?		
B. HIGH BLOOD PRESSURE?			E. CANCER OR TUMORS?		

13. DO YOU HAVE ANY KNOWN PHYSICAL OR MENTAL IMPAIRMENTS, DEFORMITIES, OR ILL HEALTH NOT COVERED ABOVE?

☐ YES ☐ NO

14. IF YOUR ANSWER TO ANY PART OF ITEMS 11 THROUGH 13 IS "YES", REFER TO ITEM NUMBER AND GIVE DATES, DURATION AND OTHER DETAILS
(If more space is needed, attach a separate sheet)

CERTIFICATION

The answers that I have given are for securing approval of this request for insurance and I CERTIFY that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested required approval of evidence of insurability by the Office of Servicemembers' Group Life Insurance (OSGLI). I further understand that should I fail to furnish satisfactory evidence of insurability, the fact that withholdings have been made from my pay for the insurance being requested shall not create any liability for insurance, and that I shall be entitled to appropriate credit for such withholdings. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim. I consent that OSGLI may obtain copies of any medical record pertaining to me. A photostatic copy of this consent will be considered as valid as the original.

15A. SIGNATURE AND RANK, TITLE OR GRADE OF MEMBER	15B. ORGANIZATION AND MAILING ADDRESS	15C. DATE COMPLETED

PART II - TO BE COMPLETED BY MEMBER'S COMMANDING OFFICER

I CERTIFY THAT the statements made above to the best of my knowledge are true and correct and that the member is now performing full and unrestricted military duty and is physically qualified to perform all duties of his/her rank or position and that there is no obvious impairment. I further certify that the signature above is that of the member named and according to the records of this department, this member is eligible to apply for the additional insurance requested on this form.

16A. SIGNATURE OF COMMANDING OFFICER	16C. ORGANIZATION AND MAILING ADDRESS	16D. DATE RECEIVED
16B. RANK, TITLE OR GRADE		

FOR USE BY THE OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE	☐ APPROVE ☐ DISAPPROVE	SIGNATURE OF OSGLI REPRESENTATIVE	DATE

SGLV 8285, SEP 2001

TO BE RETAINED IN MEMBER'S OFFICIAL PERSONNEL FILE

FIGURE 6A

Please read the instructions before completing this form.

Family Coverage Election

Servicemember's Information

Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Date of Birth	Social Security Number

Branch of Service (Do not abbreviate)	Rank, title or grade

Amount of Insurance

Family Coverage for Dependent Child(ren). By law, if you are insured under SGLI, each of your dependent children (see page 3 for a definition of dependent children for SGLI purposes) is automatically insured for $10,000.

Family Coverage for Spouse. By law, if you are insured under SGLI, **your spouse is automatically insured for $100,000 or the amount of your SGLI coverage**, whichever is less. ***If you want less than the automatic amount of coverage for your spouse***, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of $10,000. ***If you do not want any coverage for your spouse****, check the appropriate block below and write (in your own handwriting), "I do not want coverage for my spouse at this time."

☐ I want coverage in the amount of $_____

☐ _____
(Write "I do not want coverage for my spouse at this time.")

**Note:* Reduced or refused family coverage can *only* be restored by completing form SGLV 8285A with proof of good health and compliance with other requirements. It will also affect the amount of insurance your spouse can convert when Family Coverage expires.

Spouse's Information

(To be completed by member. It is not necessary to complete this section if you're declining coverage.)

Last name	First name	Middle name	Suffix (Jr., Sr., etc.)	Social Security Number

Date of Birth (dd-mmm-yyyy e.g. 24-AUG-1965)	

Premiums for Spousal Coverage

Spouse's age:	*Monthly rate per $10,000*	*Monthly cost for $100,000 coverage*
Under 35	$.55	$5.50
35-39	$.70	$7.00
40-44	$.90	$9.00
45-49	$1.40	$14.00
50-54	$2.70	$27.00
55-59	$4.00	$40.00
60 & older	$5.20	$52.00

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form and certify that the information I have provided is correct.

SIGNATURE OF SERVICEMEMBER ➤ _____ Date: _____
(dd-mmm-yyyy e.g. 01-NOV-2001)

Do not write in space below. For official use only.

Received by: (please print)	Rank, title or grade	Organization	Date Received (dd-mmm-yyyy e.g. 01-NOV-2001)

Request for Family Coverage

Part I - To Be Completed By Member

1. First Name - Middle Name - Last Name - Suffix	2. Social Security Number	3. Branch of Service

4. Amount of SGLI Now In Force	5. Amount of Coverage Desired for Spouse

I understand that if I fail to furnish satisfactory evidence of my spouse's insurability, the fact that withholdings have been made from my pay for the insurance being requested will not create any liability for insurance, and that I will be entitled to appropriate credit for such withholdings.

6. Signature of Servicemember	7. Date (dd-mmm-yyyy e.g. 12-NOV-2001)

Part II – To Be Completed By Spouse

8. First Name - Middle Name - Last Name - Suffix	9. Social Security Number	10. Date of Birth (dd-mmm-yyyy e.g. 12-NOV-2001)

11. Weight (lbs)	12. Height (ft & ins)	13. Gender ☐ Male ☐ Female

	Yes	No		Yes	No
14. Have you ever been diagnosed as having a disease or disorder of the immune system?			C. Nervous disorder?		
15. Have you had or been treated for known indications of :			D. Diabetes?		
A. A heart condition?			E. Cancer or tumors?		
B. High blood pressure?			16. Do you have any known physical or mental impairments, deformities, or ill health not covered above?		

17. If your answer to any part of items 12 through 14 is yes, please refer to item number and give dates, duration and other details. (If more space is needed, attach a separate sheet)

The answers I have given are for securing approval of this request for insurance and I certify that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested requires approval of insurability by the Office of Servicemembers' Group Life Insurance. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

18. Signature of Spouse	19. Mailing Address	20. Date (dd-mmm-yyyy e.g. 12-NOV-2001)

Part III – To Be Completed By Member's Commanding Officer (or designee)

I certify that the signature in Part I above is that of the member named and according to the records of this department, this member is eligible to apply for the amount of family coverage requested above.

21. Name of Commanding Officer or designee (please print)	22. Organization and Mailing Address	23. Rank, Title or Grade
24. Signature of Commanding Officer or designee		25. Date *(dd-mmm-yyyy e.g. 12-NOV-2001)*

For OSGLI Use Only

☐ Approve ☐ Disapprove	Signature of OSGLI Representative	Date (dd-mmm-yyyy e.g. 12-NOV-2001)

SGLV 8285A, November 2001

To be retained in member's official personnel file

FIGURE 7A

DEPARTMENT OF THE NAVY
FAMILY CARE PLAN CERTIFICATE

PRIVACY ACT ADVISEMENT

AUTHORITY: 44 U.S.C. Section 3101; 5 U.S.C. Section 301; 10 U.S.C. Sections 133 and 5031; and E.O. 9397.

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements and to ensure the member is world-wide assignable. The information which will be solicited is intended principally for the following purposes: (a) The personal information will facilitate combat readiness and document a plan for the care of your family members in the event of a medium or long term absence; (b) it will be used to evaluate compliance with the DOD and Navy program requiring Family Care Plans.

ROUTINE USES: To designate persons who will accept dependent care responsibility and to contact those persons to verify their willingness to act for the member in this capacity, and to advise the designee(s) when they are conduct authorized investigation, and other lawful purposes.

DISCLOSURE IS VOLUNTARY: Disclosure of information concerning family members, their caregivers, and the personal arrangements surrounding the care of family members is voluntary. However, refusal to provide the requested information may result in the member failing to meet Navy obligations.

PART I. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS	
1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents.	Initials
2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.	
3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.	
4. I understand that I am subject to deployments on short notice and that I will not be guaranteed special privileges because I have dependents.	
5. My normal working hours are _____ve made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements for the care of my dependents fail, my absence from assigned duty is without authority unless excused by my commanding officer.	
6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations.	
7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 30 (60 days for Ready Reserve) of any change in my family or Caregiver status.	
8. All of my dependents are 19 years or older and capable of self-care.	
9. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents to the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver.	
10. In the event of my death or incapacity, _____ (name, address, telephone number) has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by a court of competent jurisdiction, or until my child(ren)'s non-custodial natural parent assumes custody, whichever occurs first.	
11. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver; where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members.	

TYPED OR PRINTED NAME, GRADE/RATE, & SSN	SIGNATURE	DATE

NAVPERS 1740/6 (4-96)

FIGURE 8

PART II. APPLIES TO ALL SINGLE MEMBERS SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

CAREGIVER ACKNOWLEDGMENT

12. I agree to accept responsibility and provide care for the family members of _____ if he/she must report for duty for extended work hours, recall, or TAD. I acknowledge that I have been fully briefed on : (a) Financial and logistical arrangements and location of important papers, (b) Military and civilian support resources available to assist in the care of family members including location and/or points of contact for the member's command, local Family Service Center, child care center, and Navy Marine Corps Relief Society, and (c) Family member entitlements, available services, and access requirements for military base resources including medical and dental treatment facilities, exchanges, commissaries, and recreation facilities.

A. Member's absence is for a duration of **less than 30 days.**

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	
WITNESS	WITNESS SIGNATURE

B. Member's absence is for a duration of **greater than 30 days.**

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	
WITNESS	WITNESS SIGNATURE

PART III. APPLIES TO SINGLE MEMBER SPONSORS & MILITARY COUPLES WITH DEPENDENTS SERVING OVERSEAS & ACCOMPANIED BY DEPENDENTS

CAREGIVER ACKNOWLEDGMENT

13. I agree to be responsible for accompanying and caring for the family members of _____ as an escort if evacuation from an overseas area becomes necessary.

TYPED OR PRINTED NAME	SIGNATURE
WITNESS	WITNESS SIGNATURE

PART IV. FOR IN-SERVICE COUPLES ONLY

14. Statement of Military Spouse: I have read my spouse's plan and concur.

TYPED OR PRINTED NAME & SSN OF SPOUSE	SIGNATURE OF SPOUSE

PART V. COMMANDER CERTIFICATION

15. I have reviewed this Family Care Plan and I am satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

SIGNATURE OF COMMANDING OFFICER	DATE

NAVPERS 1740/6 Back (4-96)

EDUCATION SERVICE OFFICE

Advancements (Accelerated Advancement of Recruit Training and Class "A" School Graduates)

REFERENCE(s): (a) BUPERSINST 1430.16 (Advancement Manual)
(b) MILPERSMAN 1430-010
(c) OPNAVINST 6110.1G

REQUIRED DOCUMENT(s): (1) Approved Request Chit
(2) Petty Officer Indoc Page 13/Certificate (if advancing to E-4)

CPC RESPONSIBILITY

- Forward approved request chit (signed by the CO) and a copy of PO Indoc Certificate (if applicable) to PSD.

PSD RESPONSIBILITY

- Upon receipt of CO's authority to advance, verify member's eligibility, completion of PO Indoc (if applicable), and if required Page 13 entry authorizing AAP is in service record.
- If required, have member execute extension of enlistment to meet appropriate OBLISERV (if applicable).
- Effect member's advancement via NSIPS and make appropriate service record entry.
- Run report 1st of the month and forward to CPC.
- Add to Tickler
- Set cut-off date (prior to 16th)

EDUCATION SERVICE OFFICE

Advancements (Advanced Electronics Field, Advanced Technical Field and Nuclear Fields Programs)

REFERENCE(s): (a) OPNAVINST 1000.23 (PASSMAN)
(b) BUPERSINST 1430.16 (Advancement Manual)
(c) BUPERSINST 1306.78
(d) MILPERSMAN 1510-030
(e) OPNAVINST 6110.1D

REQUIRED DOCUMENT(s): (1) Approved Request Chit.
(2) Petty Officer Indoc Page 13/Certificate.

CPC RESPONSIBILITY

- Forward approved request chit (signed by the CO) and a copy of PO Indoc Certificate (if applicable) to PSD.

PSD RESPONSIBILITY

- Upon receipt of CO's authority to advance, verify member's eligibility, completion of PO Indoc (if applicable), and if required Page 13 entry authorizing AAP is in service record.
- If required, have member execute extension of enlistment to meet appropriate OBLISERV (if applicable).
- Effect member's advancement via NSIPS and make appropriate service record entry.

EDUCATION SERVICE OFFICE

Advancements (Selective Training and Reenlistment Program - STAR)

REFERENCE(s): (a) OPNAVINST 1160.5C
(b) BUPERSINST 1430.16E (Advancement Manual)
(c) MILPERSMAN 1160-100

REQUIRED DOCUMENT(s): (1) Approved Request Chit.
(2) Copy of STAR Approval Message.

CPC RESPONSIBILITY

- Forward approved request chit (signed by the CO) and a copy of the STAR approval message to PSD.

PSD Responsibility

- Upon receipt of CO's authority to advance, verify member's eligibility.
- Effect member's advancement via NSIPS and make appropriate service record entry.

EDUCATION SERVICE OFFICE

Advancements (Command Advancement Program - CAP)

REFERENCE(s): (a) OPNAVINST 1000.23 (PASSMAN)
(b) BUPERSINST 1430.16 (Advancement Manual)
(c) BUPERSINST 1430.17 (Command Advancement Program)
(d) MILPERSMAN 1430-010, 1510-030, 1160-100
(e) OPNAVINST 3120.32 (Navy SORM)
(f) BUPERSINST 1610.10 (Navy Performance Evaluation and Counseling System)

REQUIRED DOCUMENT(s): (1) NAVPERS 1070/613
(2) Copy of Petty Officer Indoc Page 13/Certificate (if advancing to E-4).

CPC RESPONSIBILITY

- Customer command prepares and forward NAVPERS 1070/613 for candidates based on quotas assigned. The Commanding Officer must ensure that the candidate is permanently or temporarily assigned (a minimum of 30

consecutive days) to a command designated as "Sea Duty" (Type 2 or Type 4 command).

- The date on the Page-13 will be the effective date of advancement. Must meet TIR requirements i.e., E3 to E4 (6 mos.), E4 to E5 (1 yr), E5 to E6 (3 yrs).
- Inform member to get a new ID card.

FINAL NOTE: Customer commands must ensure to thoroughly check member's service record before submitting advancement documents. This action will help to avoid delays in advancement processing.

PSD RESPONSIBILITY

- Verify eligibility and Petty Officer Indoc completion (if applicable).
- File copy of the completed CAP Page-13 in the member's service record.
- Effect the member's advancement by preparing the NSIPS document and then make service record entry.

EDUCATION SERVICE OFFICE

OFFICER COMMISSIONING

REFERENCE(s): (a) MILPERSMAN 1070-030

REQUIRED DOCUMENT(s): Officer Appointment Acceptance and Oath of Office (NAVCRUIT 1000/20).

Information: The parent command of member being commissioned must ensure all requirements and documents are submitted to PSD at least two weeks prior to administering the oath.

CPC RESPONSIBILITY

- Set appointment with PSD separation/Fleet Reserve Division for member.
- Provide copy of member's transfer orders to PSD.
- Mail the Original signed oath of office (NAVPERS 1000/4) to PERS 4802A. The Oath of office must be dated and signed on the first day of the commissioning month. Do not sign/date before the first day of commissioning month.
- Upon administering the oath, return copies of NAVPERS 1000/4 to PSD.

PSD RESPONSIBILITY

- Prepare G06/NSIPS CONVERSION event to gain member as an officer.
- Prepare 5903 and ML33 event to credit the clothing allowance.
- If member is being commissioned as an LDO, no DD 214 will be prepared. If being commissioned a Warrant Officer, a DD 214 will be prepared to close out member's enlisted status.
- Prepare Officer Service Record Jacket. Have member complete Home of Record (NAVPERS 1070/74), Limited Duty/Warrant Officer History Card (NAVPERS 1070/125), and Officer Qualifications Questionnaire (NAVPERS

EDUCATION SERVICE OFFICE

- 1210/5). Forward completed officer service record to BUPERS, as required.
- PSD will then complete and mail package to BUPERS 313C1, NAVCRUITCOM (Code 31). For Warrant Officer, PSD will close out Enlisted Service Record for mailing to NRPC in New Orleans.

SPECIAL DUTY ASSIGNMENT PAY

REFERENCE(s):
(a) NAVADMIN 140/07
(b) OPNAVNOTE 1160
(c) DODFMR, Vol. Chp. 8
(d) DJMS PTG Part 1, Chp. 8

REQUIRED DOCUMENT(s):
(1) Designation letter signed by the Commanding Officer
(2) Page 13 showing service members's designated NEC
(3) Effective date and award level

Information: Special Duty Assignment Pay is paid to members performing duties designated by the Secretary of the Navy considered to be extremely difficult to fill or involving an unusual degree of responsibility. The amount of Special Duty Assignment Pay may not exceed the maximum rate prescribed.

CPC RESPONSIBILITY

- Verify eligibility against command's Activity Manpower Document (AMD) (OPNAV 1000/2) and Enlisted Distribution Verification Report (EDVR).
- Forward required documents (Page 13, and Designation letter signed by CO) to PSD upon reporting of new members or due to changes based on command annual recertification list.
- Annually review eligibility on Aug 31st and payment authority for each member receiving Special Duty Assignment Pay and forward certified copy of the EPMAC EDVR to BUPERS.

PSD RESPONSIBILITY

- Verify entitlement.
- Prepare SDAP document (NSIPS) and service record Page 13 to initiate or reflect changes to Special Duty Assignment Pay.

Education Service Office

NAVY-WIDE ADVANCEMENT EXAM

REFERENCE(s):
(a) OPNAVINST 1000.23 (PASSMAN)
(b) BUPERSINST 1430.16 (Advancement Manual)
(c) BUPERSINST 1430.17 (Command Advancement Program)
(d) MILPERSMAN 1430-010, 1510-030, 1160-100
(e) OPNAVINST 3120.32 (Navy SORM)

(f) BUPERSINST 1610.10 (Navy Performance Evaluation and Counseling System)

DOCUMENT(s) REQUIRED: (1) Plan of Action and Milestone (POA&M)

Information: E-1 to E-2 and E-2 to E-3 advancements is automatic. Time in Rate for eligibility for E1 through E3 must be send to the PSD. With the exception of the Accelerated Advancement Program (AAP), Advanced Electronics/Advanced Technical/Nuclear Field (AEF/ATF/NF) Programs, Selective Training and Reenlistment (STAR) Program, Selective Conversions and Reenlistment (SCORE) Program, Command Advancement Program, and the Recruiter Excellence Incentive Program, E-4 through E-9 advancements are based on NETPDTC Pensacola FL authority only.

CPC RESPONSIBILITY

- Provide TIR listing for eligible candidates.
- NEAS website TIR verification
- Provide most current evaluation (if required in PMA computation).
- Administer examinations.
- Administer late exam.

PSD RESPONSIBILITY

- Distribute Plan of Action and Milestone (POA&M).
- Provide TIR listing for eligible candidates.
- NEAS Website TIR verification/exam ordering.
- Verify worksheets with field service records.
- Forward worksheets to Ships/Afloat Commands.
- In coordination with Ships/ Afloat Commands order late examinations.
- In coordination with Ships/ Afloat Commands correct examination discrepancies.

NOTE: Ships/Afloat Commands are responsible for providing evaluations not filed in the service record.

LESSONS LEARNED

a. TIR listings were not submitted on time (as requested in the POAM).

b. Past evaluations were not filed in the service record. Forward evaluations for filing 10-15 days after evaluation due date (i.e., E6 eval due Nov. 15th must be forwarded by 30 NOV, etc). Include a list for cross-reference.

c. Missing evaluations were not submitted on due date (as requested in the POAM). Evaluations were submitted "piece-meal" (i.e., one evaluation = one TOPS transaction).

d. Only the front page or back pages of evaluation were forwarded.

NOTE: Missing evaluation is the most significant concern/issue which prevented the completion of worksheets on schedule, and if not address appropriately, it will continue to be an issue for future advancement examination cycles.

e. A list of TAD personnel who were left behind (and are taking the test) was not provided.

f. For deployed ships: TAD personnel should be identified in the TIR listing so exam can be ordered and forwarded to PSD Naval Station

g. For underway ships (during exam day): Notify PSD Afloat of TAD personnel who will be in-port to take the test. Forward examination and worksheet to PSD Naval Station (if available), and direct member to report to PSD Naval Station. If worksheet is not available, direct member to PSD Afloat to complete worksheet.

h. PSD Afloat processed exam orders and worksheets for over 10,000 candidates. The POA&M is our primary tool to manage the advancement cycle.

EXAM DISCREPANIES

a. Insufficient TIR: Candidate was not identified in the transmittal letter for "TIR waiver for EP candidate" or member does not have sufficient TIR. Verify LOPG.

b. Performance Mark Error: PMA block was not filled out.

c. Wrong Path of Advancement ex. PRATE IS2/ERATE DC1. Conversion must be approved (message) prior to exam participation.

EDUCATION SERVICE OFFICE

PLAN OF ACTION MILESTONES (POA&M)

TASKNBR	TASK DESCRIPTION	RESPONSIBLE PARTY	DUE DATE	STATUS/COMPLETE
1	Distribute notice	PSD Afloat West	14 Sep 07	
2	Internet review of TIR Eligibility List and examination ordering for SCI examinations (CTC, CTI) available	Ships/Afloat Commands in coordination with PSD Afloat West	9-21 Oct 07	
3	CTC, CTI TIR Eligibility List (to include LDO candidates) due	Ships/Afloat Commands	15 Oct 07	
4	Internet review of TIR Eligibility List and examination ordering for all other ratings available	Ships/Afloat Commands in coordination with PSD Afloat West	15 Oct 07-2 Dec 07	
5	TIR Eligibility List for all other ratings due (to include LDO candidates)	Ships/Afloat Commands	01 Nov 07	
6	TIR waiver request for NAVETS due to PSD Afloat West	Ships/Afloat Commands	01 Nov 07	
7	TIR waivers for PO1s with EP due	Ships/Afloat Commands	20 Nov 07	
8	Due date for submitting E7 candidates most recent E-6 periodic evals to PSD Afloat West ESO (thru TOPS)	Ships/Afloat Commands	30 Nov 07	
9	Due date for all E-7 candidates to meet eligibility requirements	Ships/Afloat Commands	01 Dec 07	
10	Supplemental examination ordering available	Ships/Afloat Commands in coordination with PSD Afloat West	3-23 Dec 07	
11	PSD Afloat West to start forwarding E-7 worksheets	PSD Afloat West	17 Dec 07	
12	Notify PSD Afloat West ESO of E7 worksheets discrepancies (that cannot be resolved onboard)	Ships/Afloat Commands	No later than 10 Jan 08	
13	Administer E-7 exams	Ships/Afloat Commands	17 Jan 08	
14	Request for substitute exams to PSD Afloat West ESO due	Ships/Afloat Commands	23 Jan 08	

REENLISTMENTS

REFERENCE(s): (a) MILPERSMAN 1160-040
(b) DODFMR Vol. 7A Chp. 9
(c) OPNAVINST 6110.1G

DOCUMENT(s) REQUIRED: (1) Approved Reenlistment Request (signed by CO or XO acting).

REQUIREMENTS

- Must be within Physical Standards and meet HYT guidelines.
- Commands must forward Reenlistment Request (10 days prior), SRB (30 days prior).

CPC RESPONSIBILITY

- Forward approved Reenlistment request via TOPS (signed by CO or XO acting) to PSD.
- Upon Receipt of NSIPS contract command will re-open new TOPS transaction to re-send contract and all Page 13s with all signatures.
- Leave sell back (LSL) amount will be submitted via Page 13 and forward to PSD.

PSD RESPONSIBILITY

- Upon receipt of CO's authority to Reenlist via TOPS, verify LOPG
- Quarterly reports provided to the CO of ship with eligible members names
- PSD will enter info into NSIPS.
- NSIPS contract will be forward back to the ship.

NOTE: Ensure all important and accurate information is forwarded with the Reenlistment worksheet via TOPS (ex. Active to FTS conversion). In addition, all contracts will be completed via NSIPS by PSD REENL/EXT Section.

All personnel trying to extend past their High Year Tenure must have approval from (PERS-81) via Commands before PSD can release. Member's electronic record must be unflagged by BUPERS.

EXTENSIONS

REFERENCE(s): (a) MILPERSMAN 1160-040

DOCUMENT(s) REQUIRED: (1) Approved Extension Request Chit (signed by CO or XO acting)

REQUIREMENTS

- Must be within Physical Standards and meet HYT guidelines.
- Commands must forward Extension Request Chit (10 days prior).

CONDITIONAL EXTENSIONS

- Must be considered for no more than a period of (23) months or less.
- May be executed upon approval regardless of remaining obligated service.
- Must have reason (ex. "To await examination results", "To meet Fleet Reserve Date", "To match EAOS with PRD, etc).

UNCONDITIONAL EXTENSIONS

- Must be considered for a period of (24) months or more.
- May be executed to extend enlistment up to total of (48) months.
- Physical examination is required for an extension for a total of (24) or more.

CPC RESPONSIBILITY

- Forward approved Request via TOPS (signed by CO or XO acting) to PSD.
- Upon Receipt of NSIPS contract command will re-open new TOPS transaction to re-send contract and all Page 13s with all signatures.
- Leave sell back (LSL) amount will be submitted via Page 13 and forward to PSD.

PSD RESPONSIBILITY

- Upon receipt of CO's authority to reenlist via TOPS, verify LOPG.
- PSD Afloat will enter info into NSIPS.
- NSIPS contract will be forward back to the ship.

NOTE: All request chits for Extensions must be approved by the Commanding Officer or Executive Officer (ACTING).

SELECTIVE REENLISTMENT BONUSES

REFERENCE(s): (a) OPNAVINST 1160.8A
(b) NAVADMIN 125/07

DOCUMENT(s) REQUIRED: (1) Immediate Reenlistment Contract (NAVPERS 1070/601)

REQUIREMENTS

- Must be within the SRB guidelines (Zone A 2-6 years, Zone B 6-10 years, Zone C 10-14 years and payable out to 16).
- Approved SRB in OPINS.
- Commands must forward all contracts to PSD NLT one day after Reenlistment date.
- SRB payment normally ranges from 48-72 hours (Business days only) from date of payment released by PSD.

CPC RESPONSIBILITY

- Forward approved Reenlistment request via TOPS (signed by CO or XO acting) to PSD.
- Upon Receipt of NSIPS contract command will re-open new TOPS transaction to re-send contract and all Page 13s with all signatures.

PSD RESPONSIBILITY

- Upon receipt of CO's authority to Reenlist via TOPS
- PSD will enter info into NSIPS.
- NSIPS contract will be forward back to the ship and PSD will verify to make sure SRB is posted to member's account **(MMPA/OPINS).**
- Once contract is received with all signatures, PSD will submit payment to DFAS.
- PSD will then follow up payment to make sure it post to member's pay account **(RPHA).**

NOTE: Selective Reenlistment Bonuses (SRB) payment should be made within three (3) working days from date of Reenlistment unless discrepancy is noted. Technicians DFAS Cleveland OH will immediately be contacted via email/phone call from PSD.

EXAMPLE

```
                    OPINS FORMAN SRB INQUIRY    (I51)              09/21/07
                         SSN:  123456789                            12:15:14
                                  NAME:  BOATS JOHNNY
                                            1AA = CONTINUOUS SERVICE
FORMAN PROGRAM: Z (SRB-ONLY)     STATUS REC: 2 TAC: A G    PREV REQ: N
   REQUESTING UIC: 03368
MULTI USE:
      REQUEST TYPE: 1AA                          PRES RATE: AC3   070616          BRCL:
11
               RATE / NEC: AC                         PROS RATE:
DESIG:
                  DISCH PG: E4                             NECS(1/3): 0000
PG: E4
                   CONV DT:                                NECS(2/4):
EAOS: 070726
     EAOS ON REENL: 070726                        IN RT NEC:
SEAOS: 091126
                  REENL DT: 070726                                   PRD:
PEBD: 030727
             REENL TERM: 48                               SCHOOL:
ADSD: 030727
CONSUB/NUC IN EXT: 00                                OTH EXT:
CED: 030722
            OTH INOP EXT: 00                                  OP EXT:
BO EDL DT:
                      WAIVER:                                  RADO MOS:
BO GTC:
          ZONE: A  OVRD:                  AOSD: 070726 OVRD:
           AWARD LEVEL: 020              AOS: 48
 TOTAL SRB: 015064.79 MSG BLURB CD:
               INIT INSTALL: 007532.39   3060: A02048PNAC  NO
               ANNIV INSTALL: 002510.80
```

```
SSAN (OR CMD) --------- NEW REQ ? ---  PRINT -  NAME ------------
   (`X` TO EXIT, PF##, PB##)   PF8 OR ENTER - PAGE FORWARD   PF7 - PAGE BACK
    -- PERSONAL DATA - PRIVACY ACT OF 1974 --- CURRENT MMPA AS OF 07/09/21 --
    123456789 BOATS 34 33  R7  NT  PQ  M0
01 OF 01
  10 MJ:   LB:3800 LC:5930 SA:A SX:1 TK:030727 TU:110725 TH:110725
  FIXED/OPEN/HISTORY
  33-SRB*  ENTRY-OPEN-DT 070907 08 09 1  ENTRY-CLSD-DT 070907 08 09 1
   CNTRL-CODE 2  ACTN V3  START 070726  ENTLMT 7,532.39  SRB-BONUS-TYPE A  FY
   07
  R7 SRB*  ENTRY-OPEN-DT 070907 08 09 1  CNTRL-CODE 0  AMT-ANL-PAYMT 2,510.80
   ENTLMT 15,064.79  PD-TO-DATE 7,532.39  SRB-INSTLMT-NR 1  SRB-MULTR 2.0
   SRB-BONUS-TYPE A  TOTAL-DAYS-SRB-PD 1440  RRB/SRB-TAX-XCLUSN-ID 2  DOE
   070726  FY 07  AMT-INSTLMT-PMT 7,532.39

  NT-SEPTN/REENTRY PROJ SETLMNT*  ENTRY-OPEN-DT 070907 08 09 1  ENTRY-CLSD-DT
   070907 08 09 1  NOTICE-FMT-ID PQ  MO-DA-CREATED 0907  SEPN-PAY-ADJ-CODE 0
   AMT-1-TI-PAY 7,532.39  AMT-INDEBT-TOTAL 0.00  NBR-LV-DAYS-PD 0.0
   XCS-LV-DAYS-CLCTD 000  RECOMP-PNDG-INDCTR 0  FORMAT-ID E6

  PQ-SEPTN PAY*  ENTRY-OPEN-DT 070907 08 09 1  ENTRY-CLSD-DT 070911 11 09 2
   CNTRL-CODE 2  DATE-VOU 070912  1-TI-PAY-AUTH 070726  AMT-1-TI-PAY 7,532.39
   COMPTR-PAY-COND 2  VOU-NR AA002460  GOVT-AGENCY A  ADSN 3800
  M0   ENTRY  NO DATA FOUND.
** END OF INQUIRY.
```

ENLISTED SUPERVISOR RETENTION PAY

REFERENCE(s): (a) NAVADMIN 159/06
(b) MPA 85/04

DOCUMENT(s) REQUIRED: Immediate Reenlistment Contract (NAVPERS 1070/601)

CPC RESPONSIBILITY

- Forward signed Reenlistment contract to PSD via TOPS.

PSD RESPONSIBILITY

- Release Reenlistment contract via NSIPS and track **(LOPG/MMPA)**

NOTE: PSD will release reenlistment in NSIPS, and once posted in LOPG (BUPERS) and JJAA (DFAS), DFAS will pay ESRP payment. ESRP payment is for DFAS action only.

PCS TRAVEL SETTLEMENTS

WALK-IN

DOCUMENT(s) REQUIRED:

(1) Properly filled out DD Form 1351-2 / 1351-2C (**Figures 1 & 2**), dates match with endorsement/s of orders; EFT information form (**Figure 3**).
(2) Endorsed orders (i.e. reporting/detaching dates; TDY per diem involved - availability/non-availability of gov't qtrs/mess).
(3) TLE form (if applicable, Figure 4). Max 10 days within the vicinity of old and new PDS, max $180.00 per day.
(4) Copy of updated page 2 (with family member/s).
(5) Itemized lodging receipts regardless of amount (TDY per diem involved).
(6) Miscellaneous expense receipt/s ($75.00 or more)

CPC RESPONSIBILITY

None

PSD RESPONSIBILITY

- Receipt Section will assist the member to complete travel claim.
- Login the claim in the travel logbook.
- Travel clerk will verify completeness, accuracy, scan travel claim package and forward to CPS thru TOPS for processing.

TOPS

CPC RESPONSIBILITY

- Ships' CPC will assist, verify completeness and forward travel claim package thru TOPS to PSD travel section.
  Required documents:

  1. Properly filled out DD Form 1351-2 / 1351-2C (**Figures 1 & 2**), dates match with endorsement/s of orders; EFT information form (**Figure 3**).
  2. Endorsed orders (i.e.: reporting/detaching dates; TDY per diem involved - availability/non-availability of gov't qtrs/mess).
  3. TLE form (if applicable) (**Figure 4**).
  4. Copy of updated page 2 (with family member/s).
  5. Itemized lodging receipt/s regardless of amount (TDY per diem involved).
  6. Miscellaneous expense receipt/s ($75.00 or more).
  7. DD Form 1299 (**Figure 8**) - Proximity move for DLA entitlement. Authorized to move HHGs at government expense.

PSD RESPONSIBILITY

- Travel Section will verify completeness, accuracy and forward complete package thru TOPS to CPS for processing.

PCS TRAVEL ADVANCES

WALK-IN

DOCUMENT(s) REQUIRED:
(1) Properly filled out advance travel pay request form (involving TDY with per diem, Sections 4 & 5 **MUST** be completed, signed and dated by member and travel Approving Officer (TAO). Need SATO - lodging reservation, if applicable) (**Figure 6**).
(2) Copy of orders.
(3) Copy of Page 2 (with family member/s).

CPC RESPONSIBILITY

None

- Member will submit advance travel pay request to PSD travel section.

PSD RESPONSIBILITY

- PSD travel clerk will verify completeness and accuracy. Scan complete package and forward thru TOPS to CPS for processing.
- CPS will ensure all advances are processed no more than 10 days prior to member's detaching date and/or dependent's departure date (early departure of dependents).

TOPS

DOCUMENT(s) REQUIRED:
(1) Properly filled out advance travel pay request form (involving TDY per diem, Sections 4 & 5 **MUST** be completed, signed and dated by member and AO. Need SATO - flight itinerary, lodging reservation, if applicable) (**Figure 6**).
(2) Copy of orders.
(3) Copy of Page 2 (with family member/s).

CPC RESPONSIBILITY

- Ship's CPC will assist, verify completeness and forward advance travel pay request package thru TOPS to PSD travel section.

PSD RESPONSIBILITY

- Travel Section will verify completeness, accuracy, and forward the package thru TOPS to CPS for processing.

- CPS will ensure all advances are processed no more than 10 days prior to member's detaching date and/or dependent's departure date (early departure of dependents).

IMPORTANT NOTES

- For single DLA, write/type the following info on any free spaces on the DD 1351-2:

  Old Address:
  New Address:
- Attached Fleet Forces Command page 13 (reflecting new address) on the claim package (**Figure 11**)
- Common Carrier Reimbursement Statements: I hereby assign to the U.S. any rights I may have against other parties in consideration with any reimbursable carrier transportation charges described therein".

ADDITIONAL PERTINENT INFORMATION

- Submission of Travel Claims. Ref: DODFMR Vol 9, Chap 8, para 080501.
- TAD travel claims MUST be signed and dated by the authorized Approving Officer (**Figure 7**). Ref: DODFMR Vol 5, Chap 33 & DODFMR Vol 9, Chap 5, para 050201.
- Settlement of travel claims. DODFMR Vol 9, Chap 8, para 080801.
- Advance payment of Single DLA for E6 and below. Ref: DODFMR Vol 9, Chap 6, para 060601.
- Miscellaneous reimbursable expenses on official duty. Ref: JFTR Vol 1, para U1400 & Appendix "G". Lost receipt/s (**Figure 5**).
- TAD Travel Orders. Ref: DODFMR Vol 9, Chap 5, para 050302(B1).
- Government-procured Transportation Documents. Ref: DODFMR Vol 9, Chap 8, para 080301.
- Unused Tickets. Ref: DODFMR Vol 9, Chap 8, para 080301.
- Statements for Common Carrier Reimbursement. Ref: DODFMR Vol 9, Chap 8, Para. 080301. (**Figure 9**)

LEGAL

REFERENCE(s):
(a) BUPERSINST 1430.16E
(b) PAY TRAINING GUIDE PROCEDURES Part I Chp. 2 Sec E & F, Part 7, Chp. 5
(c) DODFMR Vol. 7A, Chp. 48
(d) JAGMAN
(e) MCM
(f) MILPERSMAN 1070-300, 1070-310, 1070-320, 1600-010, 1600-020, 1600-030, 1600-040, 1600-050, 1600-060, 1600-070, 1600-080, 1626-020, 5812-010

DOCUMENT(s) REQUIRED:
(1) NAVPERS 1070/606 (**Figure 1**)
(2) NAVPERS 1070/607 (**Figure 2**)
(3) Page 13 entry (**Figure 3**)
(4) DD 553, Declaration of Deserter (**Figure 4**)
(5) DD 616, Report of Return of Absentee (**Figure 5**)
(6) Deserter message (**Figure 6**)
(7) Locally prepared muster report (**Figure 7**)

CPC RESPONSIBILITY

- MUST submit muster reports via TOPS daily.
- If member is UA less than 24 hours, then UA is reported on a NAVPERS 1070/613. CPC need to submit a copy to PSD for filing.
- If member is UA for more than 24 hours, CPC has five days to generate the Page 6 and it MUST be forwarded to PSD for processing.
- If the service member is UA for more than 30 days, CPC has to submit a DD 553, Deserter message and a Page 6 and it must be sent to PSD for processing.
- Upon member return or surrender from Unauthorized Absence (UA), CPC MUST submit a closed out Page 6 and MUST be sent to PSD for processing.
- When service member is apprehended or surrendered from Deserter Status, CPC will send out the Return to Military Control (RMC) Message.
- CPC need to provide a copy of the DD 553, RMC message and closed out Page 6 to PSD for processing.
- Customer Commands will generate the Court Memorandum (Page 7) and NAVPERS 1070/613 and be sent to PSD for processing.
- CPC MUST ensure that Page 7s are done correctly and forward to PSD for processing.

NOTE: If there is no reduction in rate (RIR) or forfeiture of pay (FOP) then only a NAVPERS 1070/613 (page 13) is required.

PSD RESPONSIBILITY

- Verify Muster Report daily.
- PSD will verify muster report once it's received. If there is no UA then it will be marked completed and it would states in the remarks block as "Muster Report verified. MJD (clerk's initial)". If member is

- UA and Page 6 is not received within 5 days, PSD will automatically process the SJ04 to stop member's pay and email command requesting a copy of the Page 6 mail out service record to NACIC.
- PSD will process the SJ04 that will put member into "J" status and will stop member's pay.
- PSD will email NACIC with the required supporting documents to change service member's ACC to 109. Once posted in LOPG, PSD will generate the SP04 that will put member into "P" status (Deserter).
- PSD will process the SA04 that will bring member back into "A" status and will restart member's pay. In addition, PSD will update NSIPS to reflect lost time in LOPG.
- PSD will email NACIC with the required supporting documents to change service member's ACC to 100. Once posted in LOPG, PSD will generate the SA04 that will put member into "A" status (On station) and will restarts member's pay.
- PSD will process page 7 and make page 4 entry to restarts Good Conduct Award.
- Verify and clear Suspended Reports.

NOTE: PSD does not give legal advice.

LESSONS LEARNED:

a. Incorrect FOP. (Whether or not the RIR is suspended, use the lowest pay grade to determine the maximum amount the CO can take from the member).

b. Incorrect RIR. (CO can only reduce service member down to one pay grade. When member is frocked, use the current rank for the RIR).

c. Incorrect Dates on block 7 (Date of Action) and 15 (TIR).

d. Missing Synopsis block

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
- [ ] Electronic Fund Transfer (EFT)
- [ ] Payment by Check

SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.

[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

2. NAME *(Last, First, Middle Initial) (Print or type)*

3. GRADE

4. SSN

5. TYPE OF PAYMENT *(X as applicable)*
- [ ] TDY
- [ ] PCS
- [ ] Dependent(s)
- [ ] Member/Employee
- [ ] Other
- [ ] DLA

6. ADDRESS. a. NUMBER AND STREET | b. CITY | c. STATE | d. ZIP CODE

e. E-MAIL ADDRESS

7. DAYTIME TELEPHONE NUMBER & AREA CODE

8. TRAVEL ORDER/AUTHORIZATION NUMBER

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES

10. FOR D.O. USE ONLY
- a. D.O. VOUCHER NUMBER
- b. SUBVOUCHER NUMBER
- c. PAID BY
- d. COMPUTATIONS

11. ORGANIZATION AND STATION

12. DEPENDENT(S) *(X and complete as applicable)*
- [ ] ACCOMPANIED
- [ ] UNACCOMPANIED

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*
- [ ] YES
- [ ] NO *(Explain in Remarks)*

15. ITINERARY

a. DATE		b. PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

16. POC TRAVEL *(X one)*
- [ ] OWN/OPERATE
- [ ] PASSENGER

17. DURATION OF TRAVEL
- [ ] 12 HOURS OR LESS
- [ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
- [ ] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	0.00
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE | b. DATE | **c. SUPERVISOR SIGNATURE** | d. DATE

21.a. APPROVING OFFICER SIGNATURE | b. DATE

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED *(Payee Signature and Date or Check No.)*	28. AMOUNT PAID

DD FORM 1351-2, AUG 2006 PREVIOUS EDITION (JUL 2004) MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

Exception to SF 1012 approved byGSA/IRMS 12-91.
Adobe Designer 7.0

FIGURE 1

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE OF PAGES

4. NAME *(Last, First, Middle Initial) (Print or type)*

15. ITINERARY

a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
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3. FOR D.O. USE ONLY

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

29. REMARKS

DD FORM 1351-2C, AUG 1997 PREVIOUS EDITION MAY BE USED. Exception to SF 1012A approved by GSA/IRMS 12-91

FIGURE 2

PSA WEST Travel Direct Deposit Form

I authorize my travel payments to be directly deposited into the financial account shown below. I further understand that I must notify PSA WEST CENTRAL PROCESSING SITE OR MY SERVICING PSD of any banking changes that I make to this direct deposit account.

Traveler Information: (Please **TYPE** or **PRINT**) Organization: _____

Name: _____
Last First Middle Initial

Social Security Number _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Financial Information

Bank Routing Number: __ __ __ __ __ __ __ __ __ (9 digits)

Account Number: _____

Type of Account: ☐ Checking or ☐ Savings

Financial Institution Name: _____

Attached this form to the front of your DD1351-2

_____ _____
Signature **Date**

PRIVACT ACT STATEMENT

AUTHORITY: 31 C.F.R. Part 209, Department of the Treasury Financial Manual, Bulleting No. 95-07, E.O. 9397, DOD Financial Management Regulation, Volume 5.
PRINCIPAL PURPOSES: This form authorizes direct deposit of travel payments to financial institutions to which payment is to be directed.

(Memorandum to be submitted with PCS travel claim package or as a supplemental claim.)

MEMORANDUM Date:_____

From: _____
(rate/name/ssn)

To: Disbursing Officer, PSA West, 937 N Harbor Drive, San Diego, CA 92132

SUBJECT: APPLICATION FOR TEMPORARY LODGING EXPENSE (TLE)

1. I certify that I used temporary lodging as part of my PCS to my new duty station. I checked out of _____(old duty station) on_____(date)

and checked in to _____(new duty station) on _____(date).

2. Following is daily itemization of my expenses:

DATE	LODGING LOCATION	COST	NUMBER OF PERSONS			Facilities available for preparing meals?		Staying with friends or relatives?	
			MBR	SPOUSE	CHILD	Yes	No	Yes	No

3. Meals are consumed at Government mess as follows (indicate date and number of meals consumed for the whole family; indicate "none" if government mess not used):

_____

4. My spouse's name is _____ and he/she ☐ is ☐ is not (check one) in the military. His/her SSN is _____ (if in the military).

5. My other dependents are:

LAST NAME/FIRST/MI	RELATIONSHIP	DATE OF BIRTH

_____
(signature/date)

(Note: To be reimbursed for commercial lodging when Government quarters is not available, member **must sign** statement below.)

I certify that Government Quarters was not available for the period TLE is claimed in item 1 above.

_____
(signature/date)

LOST RECEIPT CERTIFICATE

Name: _____ SSN: _____

Command: _____

This is to certify that below expenses' receipts are (check one)
☐ impracticable to obtain; ☐ inadvertently lost; ☐ destroyed. Circumstances are as follows (explain how receipts lost or destroyed): _____

_____

_____

_____

(Note: Most Hotel/Motel/Rental car receipts maybe obtained from establishments by calling their respective phone numbers listed in the Internet or phone book.)

_____
(signature/date)

Missing Receipts (check one):

☐ Lodging

1. Name/Address of establishment: _____

_____

_____

Date lodging used: From: _____ To: _____
Daily rate of lodging: ☐ Single ☐ Double: $_____
If room shared with another person, check here: ☐ Room Shared

2. Name/Address of establishment: _____

_____

_____

Date lodging used: From: _____ To: _____
Daily rate of lodging: ☐ Single ☐ Double: $_____
If room shared with another person, check here: ☐ Room Shared

☐ Transportation (plane/taxi/bus/etc. over $75)

1. For passage from _____ to _____
on (date) _____ with total fare of $_____.

2. For passage from _____ to _____
on (date) _____ with total fare of $_____.

☐ Miscellaneous Expenses over $75 (explain the nature of the expense, date incurred, and cost.): _____

_____

_____.

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this form should be taken. The penalty for willfully making false statement is a fine, or by imprisonment for not more than 5 years, or both; but if the amount of the benefits falsely obtained does not exceed $1,000, such person shall be punished by a fine under this title, or by imprisonment for not more than 1 year, or both. (US Code Title 18, Part I, Chapter 93).

FIGURE 5

ADVANCE TRAVEL REQUEST FORM
PSA WEST SAN DIEGO CA

DATE: _____

NAME: _____ RATE: _____ SSN: _____

COMMAND: _____ UIC: _____ DETACH DATE: _____

TYPE OF ORDERS (Check one)
Permanent Change of Station (PCS) – start at Section 1
Temporary Duty (TDY) ONLY – go to Section 4
Reserve (AT, IDTT, etc.) – go to Section 4
PRC/ADSW – go to Section 4
DISCHARGE/SEPARATION/RETIREMENT/DEMOB – go to Sections 1, 2, 5, and 6.

Section 1 – complete following table below (single ☐ - go to next Section):

DEPENDENT LNAME/FNAME/MI	RELATIONSHIP	DATE OF BIRTH	TVL COMMENCE DATE
(1)			
(2)			
(3)			
(4)			
(5)			

Section 2 – Mode of travel (check one): ☐ 1 POV ☐ 2 POV ☐ COMM AIR ☐ PLANE TICKET/S ISSUED
FROM: _____(City/State) TO: _____(City/State)
Section 3 – Advance Dislocation Allowance (DLA) ☐ DESIRED (sign applicable statement below) ☐ NOT DESIRED

SINGLE DLA: I will not occupy government quarters for more than 60 days upon reporting to my new command. (For E6 and below): Enclosed is statement from my gaining command certifying that I will not be required to use government quarters.

_____
(signature/date)

DLA with Dependents: It is my intention to relocate my dependents from: (old address) _____
_____ to (new City/State)_____.

_____
(signature/date)

Section 4 – TDY Per Diem (check all blocks that apply): ☐ DESIRED ☐ NOT DESIRED ☐ PART OF PCS ☐ TDY ONLY Card Holder ☐ Non-Card Holder (Must be non-card holder to be paid advance on TDY ONLY travel – see DODFMR Vol. 9 Chap 5 for exception).

LOCATION	PERIOD OF TDY	MEALS (CMR/PMR/GMR/AEA)	LODGING (CML/GQ/FD)	LODGING DAILY RATE
Other Expenses (Rental Car, Registration Fees, etc.):				

Note: AEA= Actual Expense Allowance or Occasional Meals; FD=Field Duty. Attach copy of SATO endorsement if available. If TDY in conjunction with PCS orders, or TDY away from PDS, and no other endorsement available, have Authorizing Officer (AO)/Training Officer fill out above table and sign below certifying messing and berthing status at specified location/s. In the absence of any endorsement, member will be paid 80% of maximum locality lodging and meals rate.

_____
(AO /Training officer **PRINTED** name/signature/date)

Section 5 – EFT Information: BANK NAME _____ ACCT NUMBER _____
ROUTING NUMBER (9 DIGITS) _____ ☐ Checking ☐ Savings

Section 6 – Submit form along with copy of orders (and other required documents as indicated above) to servicing PSD or directly to PSA West (CPS) 937 North Harbor Drive, San Diego, CA 92132-0076.

_____
(Member Signature/Date)

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this form should be taken. The penalty for willfully making false statement is a fine, or by imprisonment for not more than 5 years, or both; but if the amount of the benefits falsely obtained does not exceed $1,000, such person shall be punished by a fine under this title, or by imprisonment for not more than 1 year, or both. (US Code Title 18, Part 1, Chapter 93).

FIGURE 6

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. §§3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.
PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.
ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. §552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.
DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.

SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY

1. NAME *(First, Middle Initial, Last)*	2. TITLE	3. DOD COMPONENT/ORGANIZATION

4. DATE *(YYYYMMDD)*	5. SIGNATURE

SECTION II - TO: APPOINTEE

6. NAME *(First, Middle Initial, Last)*	7. SSN	8. TITLE

9. DOD COMPONENT/ORGANIZATION	10. ADDRESS *(Include ZIP Code)*
11. TELEPHONE NUMBER *(Include Area Code)*	12. EFFECTIVE DATE OF APPOINTMENT *(YYYYMMDD)*

13. POSITION TO WHICH APPOINTED *(X one)*

☐ CERTIFYING OFFICER ☐ ACCOUNTABLE OFFICIAL ☐ OTHER *(Specify)*

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE:

15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED:

DoDFMR, Vol. 5, chapter 33;

SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in the box below.

16. PRINTED NAME *(First, Middle Initial, Last)*	17. SIGNATURE

SECTION IV - TERMINATION OF APPOINTMENT

		18. EFFECTIVE DATE *(YYYYMMDD)*	19. APPOINTEE INITIALS
	The appointment of the individual named above is hereby revoked.		

20. NAME OF COMMANDER/APPOINTING AUTHORITY	21. TITLE	22. SIGNATURE

DD FORM 577, JAN 2004 PREVIOUS EDITIONS ARE OBSOLETE. Adobe Professional 7.0

FIGURE 7

APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY *(Read Privacy Act Statement on back before completing form.)*	1. DATE PREPARED *(YYYYMMDD)*	2. SHIPMENT NUMBER
3. NAME OF PREPARING OFFICE	4. TO *(Responsible Origin Personal Property Shipping Office)* a. NAME	
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE	b. ADDRESS *(Street, Suite Number, City, State, ZIP Code)*	

6. MEMBER OR EMPLOYEE INFORMATION

a. NAME *(Last, First, Middle Initial)*	b. RANK/GRADE	c. SSN	d. AGENCY

7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING:

a. HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE/ITEMS/NO. OF CONTAINERS *(Enter quantity estimate)*

(1) POUNDS	(2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (PBP&E) *(Enter "NONE" if not applicable)*	(3) EXPENSIVE AND VALUABLE ITEMS *(Number of cartons)*

b. MOBILE HOME INFORMATION *(Enter dimensions in feet and inches)*

(1) SERIAL NUMBER	(2) LENGTH	(3) WIDTH	(4) HEIGHT	(5) TYPE EXPANDO *(Describe)*

c. MOBILE HOME SERVICES REQUESTED *(X as applicable)*

☐ CONTENTS PACKED ☐ MOBILE HOME BLOCKED ☐ MOBILE HOME UNBLOCKED ☐ STORED AT ORIGIN ☐ STORED AT DESTINATION

8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS:

a. TYPE ORDERS *(X one)* ☐ PERMANENT ☐ TEMPORARY	b. ISSUED BY	c. NEW DUTY ASSIGNMENT

d. DATE OF ORDERS *(YYYYMMDD)*	e. ORDERS NUMBER	f. PARAGRAPH NO.	g. IN TRANSIT TELEPHONE NO. *(Include Area Code)*

h. IN TRANSIT ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*

9. PICKUP (ORIGIN) INFORMATION	10. DESTINATION INFORMATION
a. ADDRESS *(Street, Apartment Number, City, County, State, ZIP Code) (If a mobile home park, include mobile home court name)*	a. ADDRESS *(Street, Apartment Number, City, County, State, ZIP Code) (If a mobile home park, include mobile home court name)*
b. TELEPHONE NUMBER *(Include Area Code)*	b. AGENT DESIGNATED TO RECEIVE PROPERTY
11. EXTRA PICKUP/DELIVERY ADDRESS *(If applicable)*	12. SCHEDULED DATE FOR *(YYYYMMDD)* a. PACK / b. PICKUP / c. DELIVERY

13. REMARKS

14. I CERTIFY THAT NO OTHER SHIPMENTS AND/OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW *(If none, indicate "NONE.")*

a. FROM	b. TO	c. NET POUNDS *(Actual or estimated)*	d. POUNDS OF PBP&E *(Actual or estimated)*

15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES/STORAGE CONDITIONS
I certify that I have read and understand my shipping responsibilities and storage conditions printed on the back side of this form.

a. SIGNATURE OF MEMBER/EMPLOYEE	b. DATE SIGNED	c. ADDRESS OF CONTRACTOR *(Street, Suite No., City, State, ZIP Code)*
d. NAME OF CONTRACTOR *(Origin DPM or non-temporary storage)*		

16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE. Property is baggage, household goods, mobile home, and/or professional books, papers and equipment authorized to be shipped at government expense.

a. REASON FOR NONAVAILABILITY OF SIGNATURE	b. CERTIFIED BY *(Signature)*
	c. TITLE

DD FORM 1299, SEP 1998 PREVIOUS EDITION IS OBSOLETE.

FIGURE 8

Airline Ticket Verification and Certification Request:

Please fill out the following information and deliver to NAVPTO to receive approved commercial airfare reimbursement.

Passenger Name: _____
Tkt No. of purchased tkt: _____
Travel commenced on: _____ From: _____ To: _____
Amount requested by member for reimbursement: $_____

Other information:	Tkt:	From:	To:
	Tkt:	From:	To:
	Tkt:	From:	To:

----------**FOR NAVPTO USE ONLY**----------

_____ Ticket was purchased with a CBA / IBA
_____ Ticket was used **FULL / PARTIAL**
_____ Refund was applied for on _____
_____ Pay member amount requested

Other information: **PLS INFORM MEMBER/COMMAND THAT USAGE OF CTO IS MANDATORY FOR RESERVATIONS AND TICKETING PER JFTR/JTR, AND CTO IS AVAILABLE 24/7 AT 1-800-359-9999.**

NOTICE TO ALL PASSENGERS:
You may depart from other than your original duty station/residence and/or arrive other than your official TDY, but not on official government fares. It is illegal to do so, and against the city pair program approved between the Federal Government and all airlines. Members that choose this option must first get ticketed for entitlement from PDS to TDY location and return, then work through the CTO or airlines to exchange tickets for flights/destinations desired.

Print Name/Signature of TO/Date

Rental Car Verification and Certification Request:

Please fill out the following information and deliver to SATO in order to receive approved rental car reimbursement:

Date requested: _____

Passenger's Name: _____
Rental car size authorized: _____
Location authorized: _____
Location authorized: _____
Pick-up date/time: _____ Returned date/time: _____

----------**FOR SATO TRAVEL USE ONLY**----------

Amount authorized: $_____Total amount (incl tax & gas):_____
SATO agent's name and initials: _____

Other information: **PLEASE INFORM MEMBER/COMMAND THAT USAGE OF CTO IS MANDATORY FOR AIRLINE RESERVATIONS TO INCLUDE RENTAL CARS, AND TICKETING PER JFTR/JTR, AND CTO IS AVAILABLE 24/7 AT 1-800-359-9999.**

ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

E-32

SHIP OR STATION
PERSONNEL SUPPORT DETACHMENT AFLOAT WEST, SAN DIEGO CA. UIC: 3500B

STATEMENT OF UNDERSTANDING FOR BAH ENTITLEMENT

BAH DEPENDENTS AT DEPENDENTS LOCATION:
_____: I () hereby understand that my eligibility of BAH at dependents location requires Commanding Officer's approval. The request chit with the CO's endorsement must be on file in my service record. I understand I must provide original supporting documents to validate entitlement for BAH Dependents Location. I further understand that if there is a change in dependent's address or dependency status (marriage, divorce, death or birth) that I must immediately notify the Personnel Officer and update my NAVPERS 1070/602.

I also certify that the address shown below is the primary residence of my dependents.

OUTCONUS LOCATIONS: I certify that I have read and fully understood the Early Return of Dependents (ERD) policy contained in JFTR Volume 1 paragraph U10207.

BAH DEPENDENTS AT PDS LOCATION:
_____: I () hereby understand that my eligibility of BAH with dependents is based upon the dependents listed on my NAVPERS 1070/602. I further understand that if there is a change in dependency status (marriage, divorce, death or birth), dependent's address and/or assignment to government quarters that I must immediately notify the Personnel Officer and update my NAVPERS 1070/602.

I also certify that the address shown below is the primary residence of my dependents.

BAH SINGLE (E4 over 4 years, E5, E6 and above, military married to military: E5 and below both simultaneously assigned to sea duty):
_____: I () hereby reaffirm my request for Single BAH in lieu of assignment to government quarters and understand that I must have a commercial residence in the vicinity of the homeport. If I am an E4 or E5, I understand that my eligibility requires the Commanding Officer and CBH Director's final approval. The request chit with the CO's/CBH Director's endorsement must be on file in my service record. I further certify that I must maintain the address shown below during a deployment in order to maintain continuous entitlement to BAH Single. I also understand that it is my responsibility to report any change to my living arrangements and if applicable the status of my military spouse to the Personnel Officer.

I also certify that the address shown below is also the same address listed on the Command Recall Bill.

ADDRESS AND FIRST NAME/RELATIONSHIP OF DEPENDENTS

_____

_____

_____

Any member who submits a claim for BAH which contain a false statement maybe subject to a disciplinary action for violation of the UCMJ and/or administrative action, including processing for administrative separation. In addition, fraudulent acceptance of benefits may cause a civilian recipient to be subject to criminal prosecution. The law provides for severe penalties of imprisonment and a fine. For military personnel, it can include dishonorable discharge, total forfeitures and confinement. You are required to ensure your Page 2 is accurate and that changes in dependent status (marriage, birth, divorce, separation or death) or location, are immediately reported to the chain of command and your servicing Personnel Support Detachment (Ship or PSD Afloat).

_____ _____
MEMBER'S SIGNATURE DATE **WITNESS DATE**

NAME *(Last, First Middle*	**SSN**	**USN**

FIGURE 11

LEGAL

REFERENCE(s):
(a) BUPERSINST 1430.16E
(b) PAY TRAINING GUIDE PROCEDURES Part I Chp. 2 Sec E & F, Part 7, Chp. 5
(c) DODFMR Vol. 7A, Chp. 48
(d) JAGMAN
(e) MCM
(f) MILPERSMAN 1070-300, 1070-310, 1070-320, 1600-010, 1600-020, 1600-030, 1600-040, 1600-050, 1600-060, 1600-070, 1600-080, 1626-020, 5812-010

DOCUMENT(s) REQUIRED:
(1) NAVPERS 1070/606 (**Figure 1**)
(2) NAVPERS 1070/607 (**Figure 2**)
(3) Page 13 entry (**Figure 3**)
(4) DD 553, Declaration of Deserter (**Figure 4**)
(5) DD 616, Report of Return of Absentee (**Figure 5**)
(6) Deserter message (**Figure 6**)
(7) Locally prepared muster report (**Figure 7**)

CPC RESPONSIBILITY

- MUST submit muster reports via TOPS daily.
- If member is UA less than 24 hours, then UA is reported on a NAVPERS 1070/613. CPC need to submit a copy to PSD for filing.
- If member is UA for more than 24 hours, CPC has five days to generate the Page 6 and it MUST be forwarded to PSD for processing.
- If the service member is UA for more than 30 days, CPC has to submit a DD 553, Deserter message and a Page 6 and it must be sent to PSD for processing.
- Upon member return or surrender from Unauthorized Absence (UA), CPC MUST submit a closed out Page 6 and MUST be sent to PSD for processing.
- When service member is apprehended or surrendered from Deserter Status, CPC will send out the Return to Military Control (RMC) Message.
- CPC need to provide a copy of the DD 553, RMC message and closed out Page 6 to PSD for processing.
- Customer Commands will generate the Court Memorandum (Page 7) and NAVPERS 1070/613 and be sent to PSD for processing.
- CPC MUST ensure that Page 7s are done correctly and forward to PSD for processing.

NOTE: If there is no reduction in rate (RIR) or forfeiture of pay (FOP) then only a NAVPERS 1070/613 (page 13) is required.

PSD RESPONSIBILITY

- Verify Muster Report daily.
- PSD will verify muster report once it's received. If there is no UA then it will be marked completed and it would states in the remarks block as "Muster Report verified. MJD (clerk's initial)". If member is

- UA and Page 6 is not received within 5 days, PSD will automatically process the SJ04 to stop member's pay and email command requesting a copy of the Page 6 mail out service record to NACIC.
- PSD will process the SJ04 that will put member into "J" status and will stop member's pay.
- PSD will email NACIC with the required supporting documents to change service member's ACC to 109. Once posted in LOPG, PSD will generate the SP04 that will put member into "P" status (Deserter).
- PSD will process the SA04 that will bring member back into "A" status and will restart member's pay. In addition, PSD will update NSIPS to reflect lost time in LOPG.
- PSD will email NACIC with the required supporting documents to change service member's ACC to 100. Once posted in LOPG, PSD will generate the SA04 that will put member into "A" status (On station) and will restarts member's pay.
- PSD will process page 7 and make page 4 entry to restarts Good Conduct Award.
- Verify and clear Suspended Reports.

NOTE: PSD does not give legal advice.

LESSONS LEARNED:

a. Incorrect FOP. (Whether or not the RIR is suspended, use the lowest pay grade to determine the maximum amount the CO can take from the member).

b. Incorrect RIR. (CO can only reduce service member down to one pay grade. When member is frocked, use the current rank for the RIR).

c. Incorrect Dates on block 7 (Date of Action) and 15 (TIR).

d. Missing Synopsis block

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BUPERS USE ONLY | P601-6R | BUPERS USE ONLY

RECORD OF UNAUTHORIZED ABSENCE

A

1. DATE OF SUBMISSION
2. SHIP OR STATION AND LOCATION

B

UNAUTHORIZED ABSENCE FROM:
3. HOUR
4. DATE:
5. OVER LIBERTY
LIBERTY BEGAN
6. HOUR
7. DATE:
8. OVER LEAVE
9. AWOL

C

HELD AND CHARGED BY CIVIL AUTH.
10. HOUR:
11. DATE:
12. DELIVERED TO CIVIL AUTH
13. APPREHENDED BY CIVIL AUTHORITIES
14. DD 616 ISSUED
15. AT (ORGANIZATION AND LOCATION)

D

UNAUTHORIZED ABSENCE FOR 10 DAYS
16. DD 553 ISSUED
17. PERSONAL EFFECTS COLLECTED, INVENTORIED, AND IN SAFEKEEPING

E

18. UIC MEMBER UA FROM:
19. ACTIVITY MEMBER UA FROM:

F

RETURNED TO MILITARY JURIDICTION
20. HOUR:
21. DATE:
22. APPREHENDED
23. SURRENDERED
24. DD 616 ISSUED
25. RETURNED TO MILITARY JURISDICTION AT: (ACTIVITY)
26. UIC
27. RET. ON BOARD
28. TRANSFERRED TO: (ACTIVITY)
29. UIC

G

30. DETERMINATION NOT UNAUTHORIZED ABSENCE
31. NAVPERS 1070/606 WHICH REPORTED ABSENCE IN ERROR
32. ABSENCE EXCUSED UNAVOIDABLE
33. CHARGED NO. DAYS LEAVE (DAY FOR DAY)
SKMC
34. FROM:
35. TO:
36. DISEASE DUE TO USE OF ALCOHOL/ DRUGS
37. OTHER
38. ABSENCE NOT EXCUSED
39. CHARGE NO. DAYS LOST TIME (30 DAY MO)
40. CHARGE NO. DAYS LOST TIME (DAY FOR DAY)
41. CHANGE EAOS TO:
42. CHANGE EXPR ENL TO:

H

43. ADJUST PREVIOUSLY SUBMITTED 1070/606
44. DATED
45. CORRECTED INFO ENTERED ABOVE
46. ERRONEOUSLY REPORTED LEAVE
47. ERRONEOUSLY REPORTED LOST TIME (30 DAY MONTH)
48. ERRONEOUSLY REPORTED LOST TIME (DAY FOR DAY)

I

49. AMPLIFYING REMARKS (MAY BE CONTINUED ON REVERSE)

J

50. (SIGNATURE) BY DIRECTION
RANK/GRADE
51. UNIT I.D. CODE
52. RATE
53. NAME (LAST, FIRST, MIDDLE)
54. SSN
55. BRANCH/CLASS

FIGURE 1

BUPERS USE ONLY

P601-7R

COURT MEMORANDUM

BUPERS USE ONLY

06	1. DATE SUBMITTED		2. SHIP OR STATION AND LOCATION						
	3. DATE OF REFERRAL		4. TYPE OF COURT		5. DATE OF COURT/MAST		6. UCMJ ARTICLES		
	7. DATE OF ACTION		TYPE OF ACTION		9. MODIFI-CATION OF ACTION		10. CORRECTION TO REVIOUS 1070/607	11. DATE OF SUBMISSION ON 1070/607 MOD OR CORRECTED	
	12. RATE ADJUSTMENT		13. FROM		14. TO		15. TIR		
	16. FORFEITURE		17. MONTHLY AMT.		18. NO. MONTHS				
	19. FINE		20. AMOUNT		21. CONSENT TO CHECKAGE		22. DOES NOT CONSENT TO CHECKAGE	23. MO. AMT. OF CHECKAGE	24. NO. MOS.
	25. DETENTION		26. MONTHLY AMT.		27. NO. MONTHS		28. DETENTION REFUND DATE		
	29. DESERTION MARK REMOVED		30. ADJUDGED		31. ADJDUGED AND DIS-APPROVED				
	PRE-TRIAL CONFINEMENT 32. FROM		33. TO		34. DAYS LOST TIME (30 DAY BASIS)		35. DAYS LOST TIME (DAY FOR DAY		
	CONFINEMENT ORDERED AND COMPLETED 36. FROM		37. TO:		38. DAYS LOST TIME (30 DAY BASIS)		39. DAYS LOST TIME (DAY FOR DAY)		
	40. CHANGE EAOS TO:		41. CHANGE EXP. ENL. TO:						

42. SYNOPSIS OF OFFENSE(S), DATE(S), AND SENTENCE ADJUDGED (ALSO AMPLIFYING REMARKS, MAY BE CONTINUED ON REVERSE.)

DATE IDENTIFICATION AND RESUME OF CONVENING, SUPERVISORY, OR OTHER AUTHORITY INCLUDING ACTION UNDER

DATE IDENTIFICATION AND RESUME OF CONVENING, SUPERVISORY, OR OTHER AUTHORITY INCLUDING ACTION UNDER ARTICLES 65, 66, 67, 72, 73, 74, OR 15 (D) OR (E), (ALSO ANY APPEAL)

	43. 1070/607 DTD		44. AUTHORITY TYPE

45.

(MAY BE CONTINUED ON REVERSE)

46. (SIGNATURE) BY DIRECTION GRADE

		47. UNIT I.D. CODE		48. RATE	
	49. NAME (LAST, FIRST, MIDDLE)			50. SNN	51. BRANCH/CLASS

COURT MEMORANDUM NAVPERS 1070/607 (REV. 12-75) S/N 0105-LF-010-6961

FIGURE 2

ADMINISTRATIVE REMARKS
NAVPERS 1070/613
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

USS BACKYARD (DDG XX), SAN DIEGO , CA

01OCT07: UA FROM USS BACKYARD (DDG XX) AT SAN DIEGO, CA, AS OF 0700, 07OCT01.

JOHN DOE, YNC(AW), USN
By direction

NAME *(Last, First, Middle)*	SSN	BRANCH AND CLASS
DOE, JOHN NMN	XXX-XX-XXXX	USN

13

FIGURE 3

DESERTER/ABSENTEE WANTED BY THE ARMED FORCES	1. DATE PREPARED *(YYYYMMDD)*	REPORT CONTROL SYMBOL DD-P&R(SA)1454

2. TO *(Local, State or Federal law enforcement authority as indicated by Military Deserter Information Point)*	3. FROM *(Organization or activity and place from which absent. If unauthorized absence occurs in transit, list old and new unit in Remarks)*	4. DISTRIBUTION

5. ABSENTEE IDENTIFICATION

a. NAME *(Last, First, Middle Initial)*	b. GRADE/RANK/RATE	c. SEX

d. RACE *(X one or more)*

- [ ] AMERICAN INDIAN/ALASKA NATIVE
- [ ] ASIAN
- [ ] BLACK OR AFRICAN AMERICAN
- [ ] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- [ ] WHITE
- [ ] DECLINE TO RESPOND

e. ETHNICITY *(X one)*

- [ ] HISPANIC OR LATINO
- [ ] NOT HISPANIC OR LATINO
- [ ] DECLINE TO RESPOND

f. PLACE OF BIRTH *(City, State, Country)*	g. DATE OF BIRTH *(YYYYMMDD)*	h. HEIGHT	i. WEIGHT

j. EYE COLOR *(X one)*

- [ ] BLACK
- [ ] BLUE
- [ ] BROWN
- [ ] GREEN
- [ ] GRAY
- [ ] HAZEL
- [ ] VIOLET

k. HAIR COLOR *(X one)*

- [ ] AUBURN
- [ ] BLACK
- [ ] BLOND
- [ ] BROWN
- [ ] GRAY
- [ ] RED
- [ ] SILVER
- [ ] WHITE
- [ ] BALD

l. DIP CONTROL NUMBER	m. BRANCH OF SERVICE	n. SOCIAL SECURITY NO.	o. CITIZENSHIP	p. MARITAL STATUS

q. MILITARY OCCUPATION	s. PERMANENT RESIDENCE ADDRESS *(Include ZIP Code)*
r. CIVILIAN OCCUPATION	

6. CURRENT ENLISTMENT

a. DATE *(YYYYMMDD)*	b. PLACE *(City and State)*

7. ENTRY INTO CURRENT PERIOD OF SERVICE

a. DATE *(YYYYMMDD)*	b. PLACE *(City and State)*

8. ATTACH PHOTOGRAPH *(If available)*

9. TIME OF ABSENCE

a. DATE *(YYYYMMDD)*	b. HOUR

10. ADMINISTRATIVE DATE OF DESERTION *(YYYYMMDD)*

11. ESCAPED OR SENTENCED PRISONER *(X as applicable)*

- [ ] YES
- [ ] NO

IF "YES," SPECIFY CHARGE

12. DISCHARGE STATUS *(X as applicable)*

a. DISCHARGED	[ ] YES	[ ] NO
b. SUSPENDED	[ ] YES	[ ] NO

13. OPERATOR'S LICENSE

a. NUMBER	b. STATE	c. EXP. DATE *(YYYYMMDD)*

14. VEHICLE LICENSE

a. PLATE NO.	b. STATE	c. EXP. DATE *(YYYYMMDD)*	d. TYPE

15. VEHICLE

a. VEHICLE IDENTIFICATION NUMBER	b. YEAR	c. MAKE	d. MODEL	e. STYLE	f. COLOR

16. RELATIVES AND/OR PERSONS KNOWN BY ABSENTEE *(If more space is needed, continue in Remarks or on a separate page, making reference to this item number.)*

a. NAME *(Last, First, Middle Initial)*	b. ADDRESS *(Include ZIP Code)*
(1)	
(2)	
(3)	
(4)	
(5)	

FIGURE 4

17. CERTIFICATION *(See Notes)*

The undersigned states: That he/she is a commissioned officer of the United States _____ *(Military Department)*, presently assigned as the Commanding Officer, _____ *(Unit from which the alleged deserter absented himself or herself)*, and in the performance of official duties imposed by Department of Defense Directive 1325.2 and _____ *(Regulations of the Service concerned which implement DOD Directive 1325.2, e.g. Army Regulations 190-9 and 630-10)*, he/she has conducted an investigation into the status of _____ *(Name and rank of alleged deserter)*, a member of the United States Armed Forces serving on active duty with _____ *(Unit and Service from which the alleged deserter absented himself or herself)*, by questioning his/her unit cohorts; by examining and verifying the field service records of said service member which reflect his/her duty status; by requesting the member's next of kin to urge his/her voluntary return to military control if they are aware of his/her whereabouts; by inquiring to the fullest extent possible into the feasibility of other explanations for the member's absence, to include sickness, injury, hospitalization, and confinement by civil law enforcement officials; and officially ordered diversion from his/her unit of assignment by querying the member's losing unit (and en route temporary duty unit), the appropriate career management division, the servicing replacement organization, and the servicing Military Personnel and Transportation Assistance Office (and *(See Note 1)* _____).

That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about _____ *(Date - YYYYMMDD)*, _____ *(Name and rank of alleged deserter)*, did, without authority and with intent to remain away therefrom permanently, absent himself/herself from his/her unit/organization/place of duty, to wit: *(See item 3 above)* located at *(See item 3)* in violation of Section 885, Title 10, United States Code and he/she has remained continuously so absent until _____ *(Date this statement is executed - YYYYMMDD)*. I state under penalty of perjury (under the laws of the United States of America *(See Note 2)* that the foregoing is true and correct. Executed on _____ *(Date - YYYYMMDD)*.

NOTES:
1. For use only when a servicemember fails to report to a gaining unit of assignment during a permanent change of station.
2. For use only when statement is executed outside the United States, its territories, possessions and commonwealths.

18. COMMANDING OFFICER

a. TYPED NAME *(Last, First, Middle Initial)*	b. RANK	c. TITLE
d. ORGANIZATION AND INSTALLATION	e. SIGNATURE *(All copies)*	f. DATE SIGNED *(YYYYMMDD)*

19. REMARKS *(List peculiar habits and traits of character; unusual mannerisms and speech; peculiarities in appearance; clothing worn; aliases (names); marks and scars; tattoos; facial characteristics; complexion, posture; build, other SSN's used by individual; or other data that may assist in identification.*

FIGURE 4

INFORMATION

1. AUTHORITY TO APPREHEND.

a. Any civil officer having the authority to apprehend offenders under the laws of the United States, or of a State, territory, commonwealth, possession, or the District of Columbia may summarily apprehend deserters from the Armed Forces of the United States and deliver them into custody of military officials. Receipt of this form and a corresponding entry in the FBI's NCIC Wanted Person File, or oral notification from military officials or Federal law enforcement officials that the person has been declared a deserter and that his/her return to military control is desired, is authority for apprehension.

b. Civil authorities may apprehend absentees (AWOL's) when requested to do so by military authorities.

2. PAYMENT OF REWARD OR REIMBURSEMENT FOR EXPENSES.

a. Rewards. Receipt of this form, or oral or written notification from military authorities or Federal law enforcement officials, prior to apprehension of the individual, that the person is an absentee and that his/her return to military control is desired will be considered as an offer of reward. Persons or agency representatives (except salaried officers or employees of the Federal Government or servicemembers) apprehending or delivering absentees to military control are authorized:

(1) Payment for apprehension and detention of absentees until military authorities assume custody; or

(2) Payment for apprehension and delivery of absentees to a military installation.

b. Reimbursement for Expenses. Reimbursement may be made for actual expenses incurred when conditions for payment of a reward cannot be met. If two or more persons perform these services, payment will be made jointly or severally, but total payment to all may not exceed prescribed limitations.

c. Payment. Payment will be made to the person or agency representative actually making arrest and detention or delivery by the disbursing officer servicing the military facility to which the absentee is delivered and will be in full satisfaction of all expenses of apprehending, keeping and delivering the absentee. Payment may be made whether the absentee surrenders or is apprehended. Payment will not be made for information leading to apprehension, nor for apprehension not followed by return to military control. Both reward and reimbursement may not be paid for the same apprehension and detention or delivery.

3. INDIVIDUAL CLAIMS HE/SHE IS NOT ABSENT WITHOUT AUTHORITY.

When a detained individual claims that he/she is not absent without leave and does not have the papers to prove his/her claim, the apprehending person or agency representative should communicate directly by the most rapid means available, with the nearest military installation manned by active duty personnel. When necessary, communicate directly (telephone or telegraph) with the Deserter Information Point of the military service concerned.

a.	**US Army:**	U.S Army Deserter Information Point ATTN: ATZK-PMF-D 1481 Old Ironsides Avenue Fort Knox, KY 40121
	Telephone:	Area Code (502) 626-3711/ 3712/3713
b.	**US Navy:**	Navy Absentee Collection and Information Center (NACIC) 2834 Greenbay Road North Chicago, IL 60064
	Telephone collect:	Area Code (847) 688-2106 (or toll free: 1-800-423-7633)
c.	**US Marine Corps:**	Commandant, US Marine Corps Code POS-40 2 Navy Annex Washington, DC 20380-1775
	Telephone collect:	Area Code (703) 614-3248/3376
d.	**US Air Force:**	Headquarters AF Personnel Center (DPWCM) 550 C Street West, Suite 14 Randolph AFB, TX 78150-4716
	Telephone collect:	Area Code (210) 566-3752 (or toll free: 1-800-531-5501)

FIGURE 4

REPORT OF RETURN OF ABSENTEE	REPORT CONTROL SYMBOL DD-P&R(SA)1454

IMPORTANT NOTICE

The absentee status of the individual named below has been terminated. Military records indicate that your agency was specifically furnished a copy of DD Form 553, "Deserter/ Absentee Wanted by the Armed Forces," soliciting your support. Request you clear your records of the DD Form 553 pertaining to this individual and the associated unauthorized absence indicated on this report. The Department of Defense and the Military Service law enforcement officials concerned gratefully acknowledge your participation and support of military apprehension programs.

1. DISTRIBUTION *(Same as DD Form 553 at time of absence)*

2. NAME OF ABSENTEE *(Last, First, Middle Initial)*

3. SERVICE	4. SOCIAL SECURITY NO.	5. GRADE OR RATE

6. FORMER ABSENTEE STATUS

a. FORMER STATUS *(X one)*

	(1) ESCAPED OR SENTENCED PRISONER		(2) ABSENTEE
			(3) DESERTER *(Administrative)*

b. DATE/HOUR ABSENCE BEGAN *(YYYYMMDD)*

c. ORGANIZATION AND INSTALLATION FROM WHICH ABSENT

7. CIRCUMSTANCES OF ABSENTEE'S RETURN

a. MODE OF RETURN *(X one)*

	(1) APPREHENDED		(1) MILITARY
	(2) SURRENDERED		(5) OTHER *(Specify)*

b. AUTHORITIES TO WHOM ABSENTEE SURRENDERED OR BY WHOM APPREHENDED *(X one)*

	(2) CIVIL		(3) FBI		(4) DIS		

c. PLACE OF INITIAL RETURN

d. DATE/HOUR OF INITIAL RETURN *(YYYYMMDD)*

e. REQUIRED ACTION *(X one)*

	(1) RETURN TO MILITARY CONTROL		(2) RETAINED BY CIVIL AUTHORITIES		(3) CIVIL CHARGES		(4) SAFEKEEPING

f. MILITARY ORGANIZATION AND INSTALLATION OR CIVILIAN LOCATION

g. DATE RETURNED TO MILITARY CONTROL *(YYYYMMDD)*

8. DISPOSITION OF ABSENTEE

a. ACTION BY MILITARY AUTHORITIES *(X one)*

	(1) RETAINED		(2) TRANSFERRED
	(3) TECHNICAL ARREST ORDERS		(4) GUARD

b. TO *(Name of Command in charge of absentee)*

c. COST OF TRANSPORTATION *(To be charged to the individual's account)*

$

9. REMARKS *(Include location of Service, Pay and Health Records)*

10. AUTHORIZING OFFICIAL

a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE
d. ORGANIZATION	e. SIGNATURE *(Sign all copies)*	f. DATE SIGNED *(YYYYMMDD)*

DD FORM 616, DEC 1999 PREVIOUS EDITION IS OBSOLETE.

FIGURE 5

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RTTUZYUW RHOCVL0001 2800310-RHMCSUU.
ZNR UUUUU
R 120310Z NOV 07
FM USS BACKYARD
TO COMNAVPERSCOM DET NAVABSCOLLINFOCEN GREAT LAKES IL//001//
EPMAC NEW ORLEANS LA
DFAS CLEVELAND OH
FISC CHEATHAM ANNEX WILLIAMSBURG VA
USS BACKYARD
BT
UNCLAS
SUBJ/REPORT CONTROL SYMBOL BUPERS 1600-3, REPORT OF DECLARATION OF /DESERTION (NPC 842)//
POC/DOE, J. X. /LCDR/USS BACKYARD/LOC: SAN DIEGO CA
/EMAIL:JXDOE@DDGXX.NAVY.MIL//
RMKS/1. SN MIGHTY MOUSE, USN, 123-45-6789
2. DECL DESERTER 07NOV10, HAVING BEEN ON UNAUTHORIZED ABSENCE
   SINCE 0700 07SEP10, USS BACKYARD (DDG XX) 12345.
3. MEMBER IS CURRENTLY CARRIED IN ACCOUNTING CATEGORY CODE 100 ON
   COMMAND'S EDVR.
4. INDENTIFYING INFORMATION.
A. HEIGHT: 67 INCHES
B. WEIGHT: 150 POUNDS
C. COLOR HAIR/COLOR EYES: BLACK/BROWN
D. SEX/RACE: MALE/WHITE
F. CITIZENSHIP: US
G. VISIBLE SCARS, MARKS, AND TATTOOS: UNKNOWN
H. ALIAS(ES): UNKNOWN
I. DATE AND PLACE OF BIRTH: 31 DEC 1970/ROCHESTER NY
J. HOME OF RECORD: 1234 NEVERSAIL AVE, SAN DIEGO CA 56789
5. EAOS: 10JUL08
6. DD 553 MAILED TO NACIC: 07OCT11
7. NOK AND READINESS SECURITY CLEARANCE: NONE
8. POV DATA: UNKNOWN


NNNN
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FIGURE 6

USS BACKYARD
Muster Report

Enlisted/Officer Report

Muster Report

LANTFLT 1080/1 (NEW 8/69)

U.S. Navy Regulations 1990, Article 0808.4

COMMAND		DEPT/DIV/WC	TIME/DATE
12345	USS BACKYARD (DDG XX)		1000, 10 OCT 2007

Personnel Status		**Personnel Totals**	
LEAVE	16	PRESENT AT QUARTERS	400
LIBERTY	0	AUTHORIZED ABSENCES	1
AWAY TEM ADD DUTY	0	UNAUTHORIZED ABSENCES	0
SICK LIST	0	TOTAL PERS ASSIGNED	400
WATCH	0	(SHIP'S COMMANY)	
MESS DUTY	0	ATTACHED TEM ADD DUTY	0
CONFINED	0		
SPECIAL DETAILS	1	TOTAL ASSIGNED	400
UNAUTHORIZED ABSENCE	0		

UNAUTHORIZED ABSENCES

NAME, RATE, AND BRANCH	DEPT	SSN	HR AND DATE BEGAN

MUSTER IN ERROR

NAME	RATE	BRANCH	DEPT	SSN	HR AND DATE BEGAN

RETURNED ABSENTEES HR AND DATE

NAME	RATE	AND BRANCH	NAME	RATE	AND BRANCH	NAME	RATE	AND BRANCH

FIGURE 7