

TRANSFER INFORMATION SHEET

Date:

Rate:	Name:	SSN:
Command:		

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

Work Phone: ext.	Home Phone:	E-mail Address:
Primary Next Of Kin: Name and Relationship:		Secondary Next Of Kin: Name and Relationship:
Address:		Address:
Telephone (including Area Code):		Telephone (including Area Code):
Requested Transfer Date:		
Requesting Leave (No. of Days):	Leave Address and Phone Number:	
Incur Obligated Service by: <input type="checkbox"/> Extension ___ Mos <input type="checkbox"/> Reenlistment: Date: _____ for ___ YRS <input type="checkbox"/> Page 13 (if approved)	CONSUBPAY INTENTIONS (Only Enlisted Sub – Shore) <input type="checkbox"/> Will obligate for retain <input type="checkbox"/> Will sign Page 13 to decline	Advance DLA/Travel Desired: <input type="checkbox"/> Yes <input type="checkbox"/> No (Complete attached form) Advance Pay Desired: <input type="checkbox"/> Yes (Complete attached form) <input type="checkbox"/> No
Will your dependents accompany you on transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you using your COT entitlement? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No, Defer <input type="checkbox"/> Not Eligible	Home of Record: (CITY, STATE)
Will TLA claim be submitted: ___ No ___ Yes (COMPLETE TLA PACKAGE MUST BE TURNED IN PRIOR TO MEMBER'S DEPARTURE)		
Final PSD Pearl Out Process Appointment will be arranged by CPC/Leading Yeoman to be scheduled within five (5) days prior to transfer date.		
Signature of Member:		Date:

B. DIVISION OFFICER complete Section "B" and check the box if task has been completed

<input type="checkbox"/> Indicate Member's Transfer Date if other than requested:	
<input type="checkbox"/> Inform individual that transfer departure date will not be changed once it is determined except for emergency reasons, as orders and records will be processed upon return of this form to the Transfers Section.	
<input type="checkbox"/> Transfer Information Sheet and required enclosures have been reviewed and verified. PACKAGE MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS.	
<input type="checkbox"/> Copy of PCS Orders	<input type="checkbox"/> Request for Advance PCS/TDY Travel Request
<input type="checkbox"/> Passenger Reservation Request 4650/5	<input type="checkbox"/> Temporary Lodging Allowance (TLA)
<input type="checkbox"/> Application For Transportation of Dependents	<input type="checkbox"/> Information Sheet and Worksheet
<input type="checkbox"/> Family Entry Approval (FEA) Worksheet Req.	<input type="checkbox"/> Copy of SIGNED/Confirmed Page 2 (ESR)
<input type="checkbox"/> ESR PCS Travel Form (7041/1)	<input type="checkbox"/> Copy of DEERS Verification Sheet
<input type="checkbox"/> Advance Pay Certification/Authorization	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Required obligated service: <input type="checkbox"/> has been completed or <input type="checkbox"/> will be completed on _____	
<input type="checkbox"/> Required screening(s) has/have been completed. Copies attached.	
<input type="checkbox"/> Transfer Evaluation (E6 and below)/FITREP (E7-E9 only) will be forwarded to PERS 311.	
<input type="checkbox"/> CPC/Leading Yeoman informed to make Final PSD out-processing arrangements.	
<input type="checkbox"/> Inform member to pick up Medical and Dental records if member is transferring off island.	
I certify that I have taken or initiated action on all items listed in Section "B". Signature of Division Officer	Date:

C. APPROVING AUTHORITY FOR COMMAND complete Section "C"

I certify that I have reviewed the above information and recommend: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature	Date:
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PRIVACY ACT STATEMENT

The information requested on this form is to provide a means of making Permanent Change of Station (PCS) arrangements. This form is used as a guide for processing for an accurate transfer and remains part of the retain file. Disclosure of requested information is voluntary; however completion of this form is necessary before the Transfer can be processed. Failure to provide any of the requested information may result in Transfer not being processed.

REVISED JUL 2011