

TLA EXTENSION REQUEST MEMBER INFORMATION

Name:	SSN:
Paygrade:	Date Reported:
Command:	UIC:
Phone Number:	Number of Family Members:
Arrival TLA Date of Arrival:	Confirmed Move-In Date:
Departure TLA Date of Departure:	Confirmed Move-Out Date:
<p>I request extension of TLA for the period _____ to _____. This is my _____ request for an extension. I request this extension for the following reasons:</p> <p>_____</p> <p>_____</p> <p align="right">_____</p> <p align="right">Signature of Member</p>	

TLF INFORMATION

Name:	Check-in Date:
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HOUSING OFFICE

<p>() Forwarded, recommending approval. Member has been interviewed and reasons for request as stated by the member have been verified correct. Temporary government-owned/operated accommodations will not be available during the period covered by this request.</p> <p>() Forwarded, recommending disapproval. Remarks:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>_____</p> <p>Print Name of Housing Representative</p>	<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>

COMMAND ENDORSEMENT

<p>I have personally verified this request against the criteria of NAVSUPPACT NAPLES INST 7210.1B.</p> <p>Recommend () Approval () Disapproval</p>			
<p>_____</p> <p>Commanding Officer</p>	<p>_____</p> <p>Rank / Name</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>Phone Extension</p>

TEMPORARY LODGING ALLOWANCE (TLA) EXTENSION REQUEST

<p>Your request for extension of TLA beyond the 60 / 6-day limit for the dates _____ to _____ is approved / disapproved.</p>			
<p>_____</p> <p>CO, NAVSUPPACT NAPLES Signature</p>	<p>_____</p> <p>Rank / Name</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>Phone Extension</p>