

TLA DEPARTURE/ALTERNATE CLAIM MEMBER INFORMATION

Name:	SSN:
Paygrade:	Phone Number:
Command:	UIC:
Dependent Names/Ages of Children	

Member's Departure Date: _____ Family Members' Departure Date: _____	
TLA Entitlement Dates: _____ to _____. Requests for more than six days for members departing government quarters or if departing economy housing requires a TLA extension request routed through Housing and member's Commanding Officer.	

TLF INFORMATION

Name:	Kitchen Facilities: Yes / No
-------	------------------------------

MEMBER CERTIFICATION

I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE:	
_____	Signature/Rank/Date
* Certificate of Non-Availability from Navy Lodge is required for alternate Lodging *	

HOUSING OFFICE

TLA is/is not recommended from _____ through _____		
Housing Termination Date: _____		
Remarks:		

Housing Representative Signature	Date	Phone Extension

BEQ OFFICE (Unaccompanied E3 and below only)

Transient Government Quarters are/are not available.		
_____	Date	Phone Extension
BEQ Representative Signature	Date	Phone Extension