

**PERSONNEL SUPPORT DETACHMENT LITTLE CREEK
SEPARATION, FLEET RESERVE AND RETIREMENT PACKAGE**

TELEPHONE: 757-462-5068

FAX: 757-462-7537

PLEASE CONSULT WITH YOUR COMMAND PASS COORDINATOR (CPC) OR PSD SEPARATIONS SECTION WITH QUESTIONS.

COMPLETE ALL FORMS ACCURATELY AND COMPLETELY. FAILURE TO DO SO WILL RESULT IN YOUR SEPARATION BEING PROCESSED WITH INFORMATION AVAILABLE FROM OFFICIAL NAVY CORPORATE SYSTEMS.

COMPLETION OF SEPARATION PROCESSING IS REQUIRED PRIOR TO COMMENCING SEPARATION LEAVE AND/OR JOB/HOUSE HUNTING PERMISSIVE TDY (MPM 1050-120, 1050-400 AND 1320-220).

YOUR FIRST APPOINTMENT WILL BE SCHEDULED WHEN AN ACCURATE AND COMPLETE SEPARATION PACKAGE IS RECEIVED VIA THE TRANSACTION ONLINE PROCESSING SYSTEM (TOPS).

ENSURE THE FOLLOWING SYSTEMS ARE CURRENT AND ACCURATE PRIOR TO SUBMITTING YOUR SEPARATION PACKAGE:

- NAVY STANDARD INTEGRATED PERSONNEL SYSTEM (NSIPS) ELECTRONIC SERVICE RECORD (ESR)
 - OFFICIAL MILITARY PERSONNEL FILE (OMPF) - MY RECORD
 - U.S. NAVY AWARDS (NDAWS)
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NSIPS ESR: <https://nsips.nmci.navy.mil/>

OMPF: <https://www.bol.navy.mil/>

NDAWS: [https://awards.navy.mil/awards/webbas01.nsf/\(vwWebPage\)/home.htm](https://awards.navy.mil/awards/webbas01.nsf/(vwWebPage)/home.htm)

OBTAIN AND PROVIDE PSD LITTLE CREEK A COPY OF YOUR VERIFICATION OF MILITARY EXPERIENCE AND TRAINING (VMET-DD FORM 2586).

VMET: www.dmdc.osd.mil/vmet

SEPARATION/FLEET RESERVE/RETIREMENT CHECKLIST

- RETIREMENTS/FLEET RESERVE/SEPARATIONS WORKSHEET
- DD 2586 – VERIFICATION OF MILITARY EXPERIENCE AND TRAINING (VMET)
- DD 2648 – PRE-SEPARATION COUNSELING CHECKLIST
- ALLOTMENT FORM (FLEET RESERVE/RETIREMENT ONLY)
- APPROVED LEAVE PAPER (DO NOT USE E-LEAVE)
- SEPARATION EVAL (SEPARATION ONLY- NOT REQ FOR FLT RSV OR RETIREMENT)
- INVOLUNTARY SEPARATION PAY LETTER (IF APPLICABLE)
- PTDY ORDERS FOR HOUSE/JOB HUNTING (IF APPLICABLE)
- REENLISTMENT CONTRACT (IF APPLICABLE, ELIGIBILITY FOR INVOL SEP PAY)
- NAVPERS 7041/1 (COMPLETED VIA NSIPS ELECTRONIC SERVICE RECORD)
- TRAVEL HISTORY/EFT FORM
- MEDICAL/DENTAL (QUALIFIED/NOT QUALIFIED) MEMORANDUM
- MEDICAL/DENTAL RECORDS OR LETTER FROM V.A. (HAND WALKING LETTER)
- ADMINISTRATIVE SEPARATION LETTER (IF ADMINISTRATIVELY SEPARATED)
- TRAVEL ADVANCE REQUEST (IF APPLICABLE)
- NAVPERS 1070/604 (QUALIFICATIONS, AWARDS HISTORY)
- NAVPERS 1070/605 (HISTORY OF ASSIGNMENTS)

These forms can be located at:

<http://www.cnmc.navy.mil/JEBLCFIS/InstallationGuide/PersonnelSupportDetachment/Forms/>

RETIREMENTS/FLEET RESERVE/SEPARATIONS WORKSHEET

DATE OF RETIREMENT/FLEET RESERVE/SEPARATION: _____

REASON (Circle one from below):

RETIREMENT EAOS PRT* HYT* PTS* ADMIN SEP* OTHER*

*=Need Supporting Documentation (ADSEP letter, message, etc.)

ARE YOU RECEIVING ANY SPECIAL PAYS AND/OR ALLOWANCES? YES / NO

NAME: _____ RATE: _____ SSN: _____

COMMAND: _____

ADMIN OFFICE PHONE: _____ WORK PHONE: _____

HOME/CELL PHONE: _____

E-MAIL (Work): _____

(Home): _____

PERMISSIVE TAD (if applicable): YES / NO FROM: _____ TO: _____

SEPARATION LV (if applicable): YES / NO FROM: _____ TO: _____ (23:59)

DO YOU DESIRE ADVANCE TRAVEL: YES / NO (PSD Little Creek must have completed travel advance request form NLT 30 days prior to commencement of separation leave and/or permissive TDY)

SEPARATION ADDRESS: _____

NAME OF NEAREST RELATIVE: _____

ADDRESS: _____

RELATIONSHIP: _____

HOME OF RECORD (City, State): _____

MEPS STATION (First Enlistment): _____

HAVE YOU COMPLETED THE EFT/TRAVEL HISTORY FORM? YES / NO (MUST BE COMPLETED BY ALL)

HAVE YOU TAKEN THE NAVY WIDE EXAM? YES / NO WHEN? _____

ARE YOU PLANNING TO PICK UP YOUR DD214 AND PAPERWORK: YES / NO

MEMBER'S SIGNATURE

DATE

Date _____

MEMORANDUM

From: _____
(Medical Treatment Facility)

To: _____
(Command Name)

Subj: SEPARATION PHYSICAL ICO _____
(Member's Name)

1. The above named individual has completed a separation physical. The following information is provided:

- a. Member is qualified/not qualified for separation.
(circle one)
- b. Dental care is required/not required.
(circle one)

2. Comments:

Medical Representative Printed Name/Signature

Dental Representative Printed Name/Signature

Copy to:
Personnel Support Detachment JEB Little Creek-Fort Story

TRAVEL ADVANCE REQUEST
COMPLETE IF SINGLE DLA IS SELECTED

Check one:

- E-5 and below:** Entitlement for the advance will be approved once it has been established that Government quarters *WILL NOT* be assigned at the new permanent duty station. You must obtain this certification from your ultimate activity.
- E-6 and above:** I certify that in conjunction with my reassignment to _____ that I do not intend to occupy Government quarters under the authority set forth in 37 U.S.C. 403(B), as amended. I understand that if Government quarters are permanently assigned, *I will be required to repay the advance immediately.*

COMPLETE IF A, B, C, D, E, & F ARE SELECTED ON PAGE 1

Member Certification: I certify that I intend to travel and/or relocate my dependents from (ZIP and/or city and state) _____ to _____ on or about (enter date) _____. My dependents will establish a bona fide residence in connection with my PCS. If I do not move my dependents within 30 days from the reporting date, *advance DLA will be recouped.*

PRIVACY ACT STATEMENT

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL-93-579) that requires that federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts. The principle purpose is to provide information required to legally pay advances to Navy personnel. Routine use: Member provides information about PCS, TAD, Discharge, Retirement, or Separation travel. The Disbursing Officer verifies entitlements and pay requested travel advances. Disclosure of information is voluntary. *If member does not provide the requested information, payment will not be made.*

ALL MEMBERS MUST READ ABOVE STATEMENT AND SIGN

I understand that in the event my entitlement is less than the travel advanced, the difference is a collectable indebtedness due the Government and shall be collected *immediately.*

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Signature

Date

TRAVEL HISTORY FORM

PRIVACY ACT STATEMENT:

Authority: USC 5701.37, USC 404-427, EO 9397.31, CFR 209 and/or 210.

Principal Purpose(s): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from Federal agency to the financial institution and/or its agent(s).

Routine Use(s): To substantiate claims for reimbursement for official travel.

Disclosure: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the ETF/DDS programs.

NAME (Last, First, MI):	SSN:
Pay Grade (i.e., E5, O3, GS9):	Activity/Command:
Work Phone: Comm:	Home Phone:
DSN:	
Home Address, City, State, Zip:	
FOR EFT/DDS PAYMENTS PLEASE PROVIDE THE FOLLOWING INFORMATION:	
Account Type (Circle one): <div style="display: flex; justify-content: space-around;"> Checking Savings </div>	Account Number:
Name of Financial Institution:	Financial Institution's Routing Number (RTN): <small>Note: Routing Number must be 9 digits and can be found on the bottom of your checks or from your financial institution.</small>
Signature of MBR:	Date: