

# **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.

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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.

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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).

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

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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/>

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

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

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

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VMET: [www.dmdc.osd.mil/vmet](http://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 2656 - Data for payment of retired personnel (FLEET RSV/RETIREMENT ONLY)
- \*DD 2648 - Pre-separation counseling Checklist
- Allotment Form (FLEET RESERVE/RETIREMENT ONLY)
- Approved Leave Paper (DO NOT USE E-LEAVE)
- Security Termination Statement (OPNAV 5511/14)
- Evaluation (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 involuntary sep pay)
- NAVPERS 7041/1 (Complete via NSIPS Electronic Service Record (ESR))
- \*Travel History/EFT Form
- Medical/Dental Memorandum
- Copies of DD 2807-1 (Report of Medical History) and DD 2808 (Report of Medical Examination)
- Medical/Dental Records or letter from Veteran's Administration
- Administrative Separation Letter (if being administratively separated)
- \*Travel Advance Request (if applicable)
- NAVPERS 1070/74 (Officer's Report of Home of Record)
- Prior NAVPERS 1070/604 (Enlisted Qualifications History)
- Prior NAVPERS 1070/605 (History of Assignments)

\* These forms can be located at the below website:

<http://www.cnmc.navy.mil/JEBLCFS/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.)

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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.

<b>NAME</b> (Last, First, MI):	<b>SSN:</b>
<b>Pay Grade</b> (i.e., E5, O3, GS9):	<b>Activity/Command:</b>
<b>Work Phone:</b> Comm:	<b>Home Phone:</b>
DSN:	
<b>Home Address, City, State, Zip:</b>	
<b>FOR EFT/DDS PAYMENTS PLEASE PROVIDE THE FOLLOWING INFORMATION:</b>	
<b>Account Type</b> (Circle one):  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Checking</span> <span>Savings</span> </div>	<b>Account Number:</b>
<b>Name of Financial Institution:</b>	<b>Financial Institution's Routing Number (RTN):</b>  <small>Note: Routing Number must be 9 digits and can be found on the bottom of your checks or from your financial institution.</small>
<b>Signature of MBR:</b>	<b>Date:</b>