

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

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS	DOD COMPONENT
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THE PRIVACY ACT OF 1974. AUTHORITY: 37 U.S.C. 406 (Military); 5 U.S.C. 5724 (Civilian). THE PRINCIPAL PURPOSE: Application for transportation-in-kind of dependents with CONUS used as an authority to issue transportation requests in absence of dependent travel orders. ROUTINE USES: Used in lieu of dependent travel orders by transportation offices to issue transportation requests within CONUS. VOLUNTARY: However, if information is not furnished, transportation would not be furnished.

NAME OF APPLICANT <i>(Last, First, MI)</i>	RANK	GRADE	FILE or SERVICE NO./SSN
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SHIP OR STATION

NAME OF DEPENDENT FOR WHOM TRANSPORTATION IS REQUESTED <i>(Last, First, MI)</i>	RELATIONSHIP* <i>(Adopted son, step-dau., etc.)</i>	DATE OF BIRTH <i>(Children) (YYMMDD)</i>	LOCATION AT TIME OF RECEIPT OF ORDERS** <i>(City, State)</i>

***If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.*

PRESENT ADDRESS OF DEPENDENTS *(Street Address, City, State and ZIP Code)*

OLD PERMANENT STATION	NEW PERMANENT STATION	DATE OF ORDERS <i>(YYMMDD)</i>
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TRANSPORTATION REQUESTED <i>(FROM) (City, State)</i>	TO <i>(City, State)</i>	VIA <i>(ROUTE) (City, State)</i>
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DATE OF DEPARTURE <i>(YYMMDD)</i>	BY <i>(Air, Rail, etc.)</i>	FOR TRAVEL OUTSIDE THE U.S., IS GOVERNMENT AIR TRANSPORTATION ACCEPTABLE FOR YOUR DEPENDENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>
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***If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.*

I CERTIFY THAT TRANSPORTATION FOR PERSONS LISTED ABOVE, WHO WERE MY DEPENDENTS ON THE EFFECTIVE DATE OF APPLICABLE ORDERS, IS BEING REQUESTED WITH THE INTENT OF ESTABLISHING A BONA-FIDE RESIDENCE. I FURTHER CERTIFY THAT I HAVE NOT MADE APPLICATION OR SUBMITTED CLAIM FOR TRANSPORTATION OF MY DEPENDENTS ON THIS CHANGE OF STATION EXCEPT AS FOLLOWS:

I CERTIFICATE OF PROOF OF DEPENDENCY	<p style="text-align: center;"><i>(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)</i></p> <p>I CERTIFY THAT MY DEPENDENT(S) <i>(Relationship)</i> _____, NAMED ABOVE, IS/ARE IN FACT DEPENDENT UPON ME AND THAT A CERTIFICATE OF DEPENDENCY WAS APPROVED BY THE APPROPRIATE AGENCY, I FURTHER CERTIFY THAT THERE HAS BEEN NO CHANGE IN THE CONDITIONS OF DEPENDENCY SINCE THE CERTIFICATE WAS APPROVED.</p> <p style="text-align: center;"><i>(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)</i></p>
II CERTIFICATE OF RESIDENCE OF PARENT	<p style="text-align: center;"><i>(Required for a dependent parent in addition to I.)</i></p> <p>I CERTIFY THAT MY DEPENDENT(S) <i>(Relationship)</i> _____, IS/ARE RESIDING AS A MEMBER OF MY HOUSEHOLD AND WILL RESIDE AS A MEMBER OF MY HOUSEHOLD ESTABLISHED INCIDENT TO THIS CHANGE OF STATION.</p>
III CERTIFICATE FOR STEPCHILD	<p style="text-align: center;"><i>(Required for a step child in addition to I.)</i></p> <p>I CERTIFY THAT <i>(Name of child's other parent)</i> _____, THE MOTHER/FATHER OF THE STEPCHILD/STEPCHILDREN NAMED ABOVE, WAS MY LEGAL SPOUSE ON THE EFFECTIVE DATE OF APPLICABLE ORDERS.</p>

DATE <i>(YYMMDD)</i>	SIGNATURE OF APPLICANT
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ADVANCE PAY CERTIFICATION/AUTHORIZATION

Privacy Act Statement

AUTHORITY: 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN).

PRINCIPAL PURPOSES: To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules.

ROUTINE USES: Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients of JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes.

DISCLOSURE: Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.

PART I. REQUEST

1. NAME (<i>Last, First, Middle Initial</i>)		2. SOCIAL SECURITY NO.	3. GRADE
4. I REQUEST:		5. I REQUEST A REPAYMENT SCHEDULE OF:	6. I REQUEST PAYMENT OF THE ADVANCE PAY:
a. ONE MONTH ADVANCE PAY (<i>See Policy Guidance on reverse.</i>)		a. 12 MONTHS OR LESS (<i>Specify number of months</i>)	a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS.
b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (<i>Parts II and V must be completed.</i>) (<i>Specify amount</i>) \$		b. 13 - 24 MONTHS (<i>Parts III and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.</i>) (<i>Specify number of months</i>)	b. 31 - 90 DAYS BEFORE MY PCS (<i>Parts II and V must be completed.</i>) c. 61 - 180 DAYS AFTER ARRIVAL AT MY PDS (<i>Parts II and V must be completed.</i>)

PART II. CERTIFICATION OF EXPENSES (*Actual or Anticipated*) (*Continue in Item 23 on reverse if necessary.*)

7. EXPENSE	8. AMOUNT	10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER-THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY (<i>Up to 90 days before and 180 days after.</i>)
a.	\$	
b.	\$	
c.	\$	
d.	\$	
e.	\$	
f.	\$	
9. TOTAL	\$	

PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK

(Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months)

11. NO. OF DEPENDENTS	12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD (<i>Continue in Item 23 on reverse if necessary.</i>)

PART IV. MEMBER CERTIFICATION

Penalty: The penalty for willfully making a false claim/statement is a *maximum of \$10,000 or maximum imprisonment of five years, or both (U.S. Code, Title 18, Section 287).*

If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me.

I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification.

13. SIGNATURE	14. DATE (YYMMDD)

PART V. APPROVAL OF MEMBER'S COMMANDER

15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF:	16. WITH LIQUIDATION OVER:	17. AND PAYMENT OF THIS ADVANCE:
	a. ONE MONTH BASIC PAY LESS DEDUCTIONS	a. 12 MONTHS OR LESS (<i>Specify number of months</i>)
b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (<i>Specify amount</i>) \$	b. 13 - 24 MONTHS (<i>Specify number of months</i>)	b. NOT PRIOR TO _____ (<i>date</i>) WHICH IS 31 - 90 DAYS BEFORE PCS
		c. 61 - 180 DAYS AFTER REPORTING TO NEW PDS
18. APPROVING OFFICIAL NAME (<i>Last, First, Middle Initial</i>)	19. SIGNATURE OF OFFICIAL	
20. TITLE	21. GRADE	22. DATE (YYMMDD)

23. REMARKS

POLICY GUIDANCE

The purpose of an advance of pay incident to PCS is to provide a Servicemember with funds to meet the extraordinary expenses of a Government-ordered relocation, per DODPM Part 4.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The Servicemember may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside the scope of those entitlements:

- a. Overseas station housing allowance;
- b. Servicemember and/or dependent travel allowances and per diem;
- c. Dislocation allowance;
- d. Basic allowance for quarters and/or variable housing allowance.

An advance of pay for a PCS move in the same geographic area of a Servicemember's prior duty station, or place from which ordered to active duty, is only authorized when the Servicemember moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance is not intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the Servicemember's PCS orders. Except under extraordinary conditions, an advance pay must be repaid before an advance for a subsequent PCS may be paid.

Servicemembers should consult appropriate Service regulations concerning grade levels requiring Commander's approval of a PCS advance that does not exceed 1 month's pay.

AIR FORCE MEMBERS ONLY: E4/SRA and below must have Commander's approval for all PCS advance pay payments.

TRAVEL ADVANCE REQUEST
COMPLETE IF SINGLE DLA IS SELECTED

Check one:

- E-6 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-7 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.*

Signature	Date

**DEPARTURE
TEMPORARY LODGING ALLOWANCE (TLA)
INFORMATION SHEET**

NAME (Last, First, MI):	RANK/RATE:	LAST 4 DIGIT OF SSN:
COMMAND/UIC:	CONTACT PHONE #:	
DETACHING DATE: (NOTE: TLA ENTITLEMENT WILL END DAY PRIOR TO MEMBER'S DETACHING DATE)		TLA HOTEL:

INITIALS	
	The purpose of TLA is to PARTIALLY reimburse a member for more than normal expenses incurred while occupying temporary lodging accommodations.
	FAMILY MEMBERS MUST BE COMMAND-SPONSORED prior to the effective date of orders (Report date to new command minus authorized travel days).
	TLA is payable up to the last five days PRIOR to detaching date from Hawaii. Under emergency situation beyond member's control, Extension request may be requested to COMNAVREG Pearl Harbor via member's command.
	TLA is not payable to the member upon detachment. TLA may be paid only for family members who remain on island if approved by the Secretary of the Navy.
	TLA is payable when staying with friends/relatives (meal allowance only) or in temporary lodging on the island of Oahu only.
	Single and geographical bachelors must check-in with the BOQ/BEQ to obtain lodging. If lodging is not available, the member will be issued a non-availability of government quarters stamp on their original orders and/or a TLA authorization letter from the BOQ/BEQ. Single and geographical bachelors attached to an Afloat command may NOT be eligible to receive TLA.
	The Navy Aloha Center is located at 4825 Bouganville Drive, Honolulu HI 96818 (Bldg 2652) adjacent to Moanaloa Navy Services Center and can be contacted at 474-1800..
	All payments are made via EFT to the bank account where regular pay is deposited. EFT payments normally post to the bank account within 10 working days after claim submission.
	Documentation required for TLA payment for members residing on the economy (to include PPV Quarters): 1. Termination of lease statement 2. Copy of bill of lading from Personal Property Office 3. TLA Worksheet 4. DETAILED Hotel Receipt showing paid in full
	Document required for TLA payment for members staying with friends or relatives: 1. Termination of lease. 2. Copy of Bill of Lading from Personal Property Office. 3. TLA worksheet. 4. Statement indicating staying with friends or relatives and providing address of residences and period of stay.

"I have been briefed and understand the provisions regarding entitlement to Departure TLA and my responsibilities as contained in COMNAVBASEPEARLINST 7220.2d and will promptly notify the command of any change in statutes affecting entitlement thereto."

(Member's signature/Date)

TEMPORARY LODGING ALLOWANCE (TLA) WORKSHEET

NAME (Last, First, MI)	RANK/RATE	SSN
COMMAND REPORTING TO/FROM	NAME OF HOTEL	

FAMILY MEMBERS ON STATION

NAME (Last, First, MI)	RELATIONSHIP	DATE OF BIRTH

FOR ARRIVAL TLA:

DATE MEMBER REPORTED TO PRESENT COMMAND: _____

DATE FAMILY MEMBER(S) REPORTED TO PRESENT COMMAND: _____

THIS IS THE _____ CLAIM

MEMBER MUST PRESENT TLA AUTHORIZATION FROM THE HOUSING OFFICE AND A PAID LODGING RECEIPT. A FAMILY MEMBER WHO IS FILING TLA DUE TO THE ABSENCE OF THE SPONSOR MUST HAVE A GENERAL OR SPECIAL POWER OF ATTORNEY SPECIFICALLY STATING TLA IS AUTHORIZED FOR PROCESSING.

FOR DEPARTURE TLA:

ACTUAL DATE OF DETACHMENT: _____

MEMBERS LIVING OFF-BASE MUST PRESENT A RENTAL RELEASE FROM THE LANDLORD OR REALTOR.

MEMBER LIVING ON-BASE MUST PRESENT A SIGNED STATEMENT FROM THE HOUSING OFFICE CERTIFYING THE DATE GOVERNMENT QUARTERS WERE VACATED.

MEMBER'S STATEMENT:

I HAVE INCLUDED HEREIN ALL LODGING RECEIPTS FOR TLA. I CERTIFY THAT I AM / AM NOT IN A PER DIEM STATUS. I UNDERSTAND

THAT IF I AM IN A TEMPORARY DUTY PER DIEM STATUS, ONLY MY FAMILY MEMBERS ARE ENTITLED TO TLA. I FURTHER CERTIFY THAT MY FAMILY MEMBERS AND I DID / DID NOT UTILIZE GOVERNMENT MESS FOR ANY MEALS DURING THIS PERIOD. MY TEMPORARY QUARTERS DO / DO NOT CONTAIN FACILITIES FOR PREPARING AND CONSUMING MEALS.

WARNING:

THE PENALTY FOR WILLFULLY MAKING FALSE CLAIM IS: MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT FOR FIVE YEARS, OR BOTH (U.S. CODE, TITLE 18, SECTION 287). BE ADVISED THAT ALL CLAIMS ARE SCREENED AND THOSE SUSPECTED OF BEING FRAUDULENT ARE TURNED OVER TO THE NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS).

PRIVACY ACT STATEMENT:

THIS STATEMENT IS PROVIDED IN COMPLIANCE WITH THE PROVISIONS OF THE PRIVACY ACT OF 1974 (PL 93-579) WHICH REQUIRES THAT FEDERAL AGENCIES MUST INFORM INDIVIDUALS WHO ARE REQUESTED TO FURNISH INFORMATION ABOUT THEMSELVES AS TO THE FOLLOWING FACTS CONCERNING THE INFORMATION REQUESTED.

1. AUTHORITY: 37 USC 1006
2. PRINCIPAL PURPOSE: TO PROVIDE INFORMATION REQUIRED TO LEGALLY PAY TEMPORARY LODGING ALLOWANCE (TLA).
3. ROUTINE USE: THE MEMBER PROVIDES INFORMATION ON COST AND TYPE OF LODGING WHICH IS USED TO COMPUTE ENTITLEMENT TO TLA. SUPPORTING DOCUMENTS ARE USED TO DETERMINE ELIGIBILITY AND AMOUNT OF ENTITLEMENT.
4. MANDATORY OR VOLUNTARY DISCLOSURE: VOLUNTARY. IF MEMBER DOES NOT PROVIDE INFORMATION, TLA CANNOT BE PAID.

MEMBER SIGNATURE	DATE
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TLA CHART FOR OAHU MAY 01, 2012

PERCENT	NUMBER OF FAMILY MEMBERS	MAX RATE	MEALS	LODGING
65%	MEMBER OR 1 DEPENDENT	\$196.95	\$81.90	\$115.05
100%	MEMBER AND 1 DEPENDENT	\$303.00	\$126.00	\$177.00
125%	MEMBER AND 1 DEPENDENT WITH 1 CHILD UNDER 12 YRS	\$378.75	\$157.50	\$221.25
135%	MEMBER AND 1 DEPENDENT WITH 1 CHILD OVER 12 YRS	\$409.05	\$170.10	\$238.95
150%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN UNDER 12 YRS	\$454.50	\$189.00	\$265.50
160%	MEMBER AND 1 DEPENDENT WITH 1 CHILD UNDER 12 AND 1 OVER 12 YRS	\$484.80	\$201.60	\$283.20
170%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN OVER 12 YRS	\$515.10	\$214.20	\$300.90
175%	MEMBER AND 1 DEPENDENT WITH 3 CHILDREN UNDER 12 YRS	\$530.25	\$220.50	\$309.75
185%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN UNDER 12 AND 1 CHILD OVER 12 YRS	\$560.55	\$233.10	\$327.45
195%	MEMBER AND 1 DEPENDENT WITH 1 CHILD UNDER 12 AND 2 CHILDREN OVER 12 YRS	\$590.85	\$245.70	\$345.15
200%	MEMBER AND 1 DEPENDENT WITH 4 CHILDREN UNDER 12 YRS	\$606.00	\$252.00	\$354.00
205%	MEMBER AND 1 DEPENDENT WITH 3 CHILDREN OVER 12 YRS	\$621.15	\$258.30	\$362.85
210%	MEMBER AND 1 DEPENDENT WITH 3 CHILDREN UNDER 12 AND 1 CHILD OVER 12 YRS	\$636.30	\$264.60	\$371.70
220%	MEMBER AND 2 CHILDREN UNDER 12 YRS AND 2 CHILDREN OVER 12 YRS	\$666.60	\$277.20	\$389.40

ADDITIONAL INFORMATION REGARDING YOUR PCS TRANSFER

ATTEND THE PCS TRANSFER BRIEFING

PCS Transfer briefings are held every FIRST and THIRD Tuesdays of each month in the PSD classroom No. 143 from 0800-1000 hours. This is the starting point for your transfer, so attendance is highly encouraged. Questions regarding transfers are welcomed. Personnel who show up other than designated schedule will be referred back to their Command Personnel Coordinator (CPC) or to the next PCS transfer brief.

KEEP YOUR CPC IN THE LOOP

Your CPC is the primary point of contact. All questions are to be directed to him or her. Likewise, all documents pertaining to your transfer are to be delivered to the CPC for further delivery to PSD. The CPC will upload the documents electronically via the Transaction Online Processing (TOPS).

PERSONAL PROPERTY

The Joint Personal Property Shipping Office (JPPSO) is located in the Navy Aloha Center at 4825 Bougainville Drive, Honolulu, HI 96818.

Their office hours are:

0730-1500 (M, T, Th, F)

0900-1500 (W)

Walk-in Hours until 1200 (emergencies only)

Entitlements & Appointments: 473-7702

Inbound and Outbound Information: 473-7750

Quality Assurance: 473-7775

Smooth Move Briefs: 474-1999 xtn 0 (Given by Family Services)

Highly recommend to apply online, www.move.mil (DPS or Smart Web Move). If you are traveling overseas, you may need a Family Entry Approval (FEA).

IN CLOSING....

We are emphasizing use of the CPC in an effort to streamline in-house processes and enhance customer service. If for any reason you are having difficult dealings with your CPC, please contact the Transfers Section LPO at 471-2405 xtn 5510 or Division Officer at ext 5503.