HQSPTBN Check In/Out Sheet

Print Form

Name (Last, First MI): _____ Rank: _____ Plt Code: _____ Company: _____

☐ TAD ☐ PCS ☐ PCA ☐ EAS ☐ FAP ☐ DEFAP Start Date: _____ Complete Date: _____

Sections	HQSPTBN & Individual Sections			SIGNATURE/STAMP
COMPANY	Company Commander	Final Pro/Con Marks: Pro: _____ Con: _____		
COMPANY	Company First Sergeant			
COMPANY	Company Gunnery Sergeant			
COMPANY	BEQ Manager	Bks # _____ Rm # _____	(If Applicable)	
COMPANY	Arrive Alive Card	Check in: ____ Check out: ____		
COMPANY	Unit Victim Advocate			
S-1	Battalion CO	See Security Manager for appt w/CO	(Officers/SNCOs)	
S-1	Battalion XO	No appt Necessary	(Officers/SNCOs)	
S-1	Sergeant Major		(Enlisted)	
S-1	Battalion Admin Office	Rm #106 (OMPF & Date Gap)	(Check In Only)	
S-1	MOL Join/Drop		(All Hands)	
S-1	Mail Room	*If the clerk is not in the mail room check in with S-1*	(All Hands)	
S-1	Voting Officer	Rm #124	(All Hands)	
S-1	Battalion Legal		(All Hands)	
S-1	Security Manager	JPAS Rm #125	(All Hands)	
S-3	Training & Education	Rm #115	(All Hands)	
S-3	SACO	Rm #113 Tue & Thurs 1300	(All Hands)	
S-4	Battalion Supply	*Must check out w/CIF prior to Supply*	(All Hands)	
S-4	Safety	Must check in/out with Medical/Dental first	(All Hands)	
S-4	Motorcycle Driver:	Yes_____ No_____ (check in/out with Motorcycle President w/in 30 days)		
S-4	Armory	Bldg #13182 check out only 0800 - 1500 M - F	(All Hands)	
CIF	CIF	Bldg #2230 Ph #385-4885	(All Hands)	
CRS	Career Retention Specialist	Rm #109	(Enlisted)	
FRO	Family Readiness Officer	Rm #112 Mon/Thurs/Fri only	(All Hands)	
BN EOR	Battalion Equal Opportunity Representative	Bldg #2264		
AC/S or BN	OIC / SNCOIC	Recommended Pro/Cons Pro: _____ Con: _____ or FITREP		
AC/S or BN	Govt Charge Card Agency Program Coordinator	Rm #111	(All Hands)	
ISC	Department/Section ISC Coordinator	(check in First)	(All Hands)	
AC/S CIS	Base CTR	Bldg #2456 (check in Second)		
MCB	Installation Voter Assistance Office	Bldg #1160 Rm #270 (check in only)	(All Hands)	
MCB	13 Area Medical	Bldg #13129 *1300 - 1500 except Thursdays*	(All Hands)	
JRC	Welcome Aboard Orientation on Wed at 0800 (Mr. Darnell 725-3400) Bldg #130132		(All Hands)	
MCB	13 Area Dental	Bldg #13128 *0715 - 1545 except Thursdays*	(All Hands)	
MCB	Housing Office	*Your Main Housing Office* Base Housing Yes:___ No: ___ INT: ____		
MCB	Vehicle Registration	Bldg #130132		
MCCS	Marine Family Services Center/Readiness/Relocation	Bldg #13150		
MCCS	Financial Management Branch	Bldg #1108		
MCB	Navy and Marine Corps Relief	Bldg #1121		
MCB	Library	Bldg #1146		
MCB	Base Comptroller	Bldg #1160 Rm #152		
MCB	Joint Education Center (JEC)	Bldg #1331		
PMO	Police Records	Bldg #1523		
MCB	TRICARE/TFMDP	Naval Hospital 6th Floor or JRC (Family Dental/Enrollment)		
IPAC	Meal Card	Check in meal card # _____ /check out (meal card turned in) INT: ____		
IPAC	Orders & Separations	763-1063/763-1075		

All Officers/SNCOs must schedule in/out call with respective Bn Commander.
Field Grade Officers must schedule in/out call with Chief of Staff with the Staff Secretary 725-5012 (bldg 1160).
Return completed check in sheet to respective company by _____.
Return Completed Check Out Sheet to IPAC by _____.
Member's Certification: I have no debts aboard this installation or in the civilian community for which satisfactory arrangements have not been made. I have checked out with Family Services and acknowledge receipt of an application to enroll my dependents in the dependent registration program. (Applicable to married members who are transferring and whose dependents are remaining in the local area). I have notified all local lending institutions of my transfer or release from active duty and certify that I have checked out with all required activities.

Member's Signature: _____ Date: _____