PERMANENT CHANGE OF STATION (PCS) DATA SHEET

PRIVACY ACT STATEMENT

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PLEASE FILL OUT COMPLETELY, ASK THE ORDERS CLERK IF YOU HAVE ANY QUESTIONS
RETURN TO IPAC ORDERS SECTION (450-9587) WITH REQUIRED SIGNATURES

RANK: _____ NAME _____ SSN _____ MOS _____

CURRENT UNIT/SECTION _____ WORK PHONE _____

HOME PHONE _____ CELL PHONE _____

SHIPPING POV? YES ◯ NO ◯ FROM WHAT PORT LOCATION? _____ REQ FLIGHT DATE _____

EAS _____ MARTIAL STATUS _____ FMCC _____ NEW DUTY STATION _____

DATE OF DETACHMENT _____ MODE OF TRANSPORTATION _____ TRAVELING IN POV? YES ◯ NO ◯ IF YES 1 ◯ 2 ◯

DAYS OF LEAVE REQUESTED _____ # DAYS OF PDMRA _____ (WITH PDMRA WORKSHEET FROM CURRENT S-1)

CURRENT ADDRESS & PHONE NUMBER OF DEPENDENTS: _____

ARE DEPENDENTS RELOCATING? YES◯ NO ◯ ADDRESS _____

LIST ALL DEPENDENTS (INCLUDE SPOUSE) (FOR CHILDREN: FULL OR JOINT CUSTODY) (OTHER APPROVED DEPENDENTS)

NAME	DOB/DOM	RELATIONSHIP

ADVANCE PAY YES ◯ NO ◯ ADVANCE TRAVEL YES ◯ NO ◯ ADVANCE DLA YES ◯ NO ◯

ADV PAY # OF MONTHS _____ 1, 2, 3, PAYBACK IN _____ (12, 24 or 36) 2 OR MORE MONTHS NEEDS TO PROVIDE JUSTIFCATION

NEXT OF KIN (EMERGENCY POC - CANNOT BE TRAVELING WITH YOU)

NAME	RELATIONSHIP	COMPLETE ADDRESS	TELEPHONE NUMBER

LEAVE INFORMATION: ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____

THIS DOCUMENT WAS ISSUED ON _____ AND MUST BE RETURNED NO LATER THAN **14 WORKING DAYS** PRIOR TO AUTHORIZED DETACHMENT DATE. RETURNING THIS DOCUMENT AFTER THE DATE ABOVE WILL DELAY THE PROCESSING OF MY ORDERS, PAYMENT OF ADVANCES AND THE DATE OF DETACHMENT. I UNDERSTAND THAT I AM REQUIRED TO RETURN ALL NECESSARY DOCUMENTS, SCREENINGS AND RELEASE LETTER TEN (10) WORKING DAYS PRIOR. (OVERSEAS SCREENINGS NEEDS TO BE RETURNED TWO (2) WEEKS PRIOR TO THE PROPOSED DATE OF DETACHMENT IF APPLICABLE). I ALSO UNDERSTAND THAT IF I RESIDE IN BASE HOUSING I MUST COMPLETELY CHECK OUT WITH BASE HOUSING OR HAVE AUTHORIZATION TO RETAIN GOVERNMENT QUARTERS FROM THE HOUSING DIVISION.

CLERKS SIGNATURE _____ MEMBER SIGNATURE _____ DATE _____

CAREER PLANNER SIGNATURE _____ DATE _____

SNCOIC SIGNATURE _____ DATE _____

OIC SIGNATURE _____ RECOMMENDED DETACH DATE _____

COMPANY COMMANDER SIGNATURE _____ RECOMMENDED DETACH DATE _____

BATTALION S-1 (ADMIN CHIEF) SIGNATURE _____ RECOMMENDED DETACH DATE _____

BATTALION SGTMAJ SIGNATURE _____ RECOMMENDED DETACH DATE _____

BATTALION COMMANDER SIGNATURE _____ **AUTHORIZED DETACH DATE** _____

I _____ UNDERSTAND THAT I WILL BE IN THE UNIFORM OF THE DAY AND I WILL HAVE IN MY POSSESSION, A COMPLETED ORIGINAL CHECKOUT SHEET FROM MY S-1 AND A MEAL CARD (IF ISSUED), WHICH I WILL SURRENDER ON MY DAY OF DETACHMENT.

MILITARY MEMBERS SIGNATURE _____

ANY CHANGES TO THE DATE OF DETACHMENT MUST BE APPROVED BY CHAIN OF COMMAND

CORPORALS AND BELOW REQUIRE PRO'S AND CON'S ON CHECKOUT SHEET PRIOR TO DETACHMENT. Reset Form

ALL MARINES WILL CHECKOUT WITH BASE PMO BLDG 3 451-4302