

## COMMAND MILITARY CHECK-IN/OUT SHEET

**Check-in/out is mandatory** with all divisions and personnel listed below except when indicated BY THE MILPERS OFFICE. Check-ins will normally be completed within three working days of arrival. Sponsor or designated representatives are responsible to ensure all check-in areas are completed. **COMPLETED SHEET MUST BE RETURNED TO MILPERS WHEN COMPLETED.**

### PRIVACY ACT STATEMENT

**AUTHORITY: 10 U.S.C. 5013. PRINCIPAL PURPOSES:** The employee contact and emergency contact information will be used by Supervisory/Management Personnel to contact you for official command related issues or your designated point of contact in cases of an emergency. **ROUTINE USES:** Information will be shared within the PSNS&IMF organization for those with an official need to know. **Disclosure of information is treated as "For Official Use Only – Privacy Sensitive."** **DISCLOSURE:** Furnishing this information is voluntary, but failure to do so may delay notification to you on routine and/or emergency matters as well as your designated point of contact during medical emergencies.

<b>NAME:</b>		<b>RPT DATE</b>			
		<b>DEPT/DIV:</b>	<b>XFR DATE:</b>		
<b>SPONSORS Name</b>		<b>SPONSORS Phone</b>			
<b>Rank/Rate</b>					
BLDG.	ROOM	ITEM	CHECK-IN	CHECK-OUT	
7000	W202	MILPERS Office (Issue sheet – Completed sheet must be returned to MILPERS) – Family Care Plan Coordinator			
	N129	ESO/Urinalysis Coordinator (Check-out LAST DAY or 24 Hrs Prior)			
	S211	Manpower			
	C228	Legal Office			
	W207A	DAPA – Enlisted Only			
	C228	Command Master-At-Arms – Enlisted Only			
	W202	Command Career Counselor			
	W217	Program Director	E7 and above, see CO Secretary for appointment		
	W211	Executive Officer			
	W213	Commanding Officer			
	W228	Command Master Chief – Enlisted Only			
	C222	Accounting/DTS/GOVCC/Payroll			
	C212	Financial Management			
	S133	Tool Room – STAMP required for check-out (may also check-out of 7450 Tool Room – RM 105.)			
	N208	Tech Library – (may also check-out of 7450 Tech Library RM 213)			
	S213	Support Services (Classified material)			
		Enlisted Watchbill Coord. (E6 and Below)			
N137	Security Office – Prep for permanent badge. (Check-in) Turn-in badges, pickup OPNAV 5511 (Check-out LAST DAY)				
7085	Office	Physical Fitness Coord. (0800 – 1300)			
2050	D20	RAD Health Office – Must have Medical Record (M – F 0630 – 1200 and 1300 – 1500)			
2050	STE A	Medical – Turn-in/pick-up Medical Record (0700 – 1000)			
T050	N/A	Dental – Turn in/pick-up Dental Record (M – W, 0800 – 1430)			
7450	206D	Senior Watch Officer (O3 and Below, and E7 – E9)			
<b>PSD Appointment (Check-out)</b>		Clerk:			
Date:			Time:		
Transferred to or FWDing Address					
<b>MILPERS Signature: (Everything Completed):</b>					
(Check-in)		(Check-out)			

**DEPARTMENT (MILITARY) CHECK-IN / CHECK-OUT SHEET**

ITEM	CHECK-IN	CHECK-OUT
DEPARTMENT SECURITY ASSISTANT (Complete paperwork)		
DEPARTMENT ADMIN SUPPORT (Ensure keys are returned)		
DEPARTMENT TRAINING COORDINATOR		
IT COORDINATOR (Computer access training and account paperwork)		
<b>MINOR PROPERTY CUSTODIAN</b>		
NRMD (Check-out: <b>ALL</b> TLD Holders Bldg 7201 / RM 115)		
DIVISION CAREER COUNSELOR		
DIVISION LEADING CHIEF PETTY OFFICER (LCPO)		
DIVISION OFFICER		
DEPARTMENT LEADING CHIEF PETTY OFFICER (Enlisted Only)		
DEPARTMENT HEAD (Officers and CPOs)		
NAMTS ADMINISTRATOR (Bldg 7000 / Room W207) (If assigned JQR)		
QUALITY ASSURANCE TRAINING SECTION (Officers Only) (TR-16 South End of Bldg 7000)		
SHOP SUPERVISOR		

**RECALL INFORMATION (To be completed by member)**

Local address: \_\_\_\_\_

Local phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is this address permanent or temporary? \_\_\_\_\_ Date of Birth \_\_\_\_\_

YY/MM/DD

Marital Status:    Married    Single    Divorced    Spouse's Name: \_\_\_\_\_

Military Spouse:    Yes    No    Spouse's Command: \_\_\_\_\_

Single Parent:    Yes    No    Current Depn Care Plan:    Yes    No    N/A

Number of Dependents: \_\_\_\_\_ GEO Bachelor: \_\_\_\_\_

Address of Dependents if different from yours: \_\_\_\_\_

Street Address

**Any changes to this information must be reported to the MILPERS office.**

City/State/ZIP

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone