

**INTERDEPARTMENTAL/INTERDIVISIONAL  
TRANSFER SHEET**

Full Name: \_\_\_\_\_ Rate /Rank \_\_\_\_\_ Date Transferred: \_\_\_\_\_

1. From: DEPT: \_\_\_\_\_/ORGANIZATION CODE: \_\_\_\_\_

To: DEPT: \_\_\_\_\_/ORGANIZATION CODE: \_\_\_\_\_

\*\*\*\*\* NOTE\*\*\*\*\*: If assigned to FM, you must indicate which Homeport Team, currently 1-4.

2. You are hereby directed to Check-In and Check-Out as indicated.

**CHECK-OUT REQUIREMENTS:** (Sign and Date)

Key Turn-In/Issue (RM S005A x475-4308) \_\_\_\_\_

Current Department Head/Division Officer \_\_\_\_\_

Current Directorate LCPO \_\_\_\_\_

CMC (CPO's Only) \_\_\_\_\_

**CHECK -IN REQUIREMENTS:** (Sign and Date)

Hospital Badge Verification: Ensure "OCCUPATION" is annotated (CORPSMAN, NURSE)  
**'IF NOT'**, see Pass & ID for update (Pass & ID Staff) \_\_\_\_\_

DMHRSI (RM 3605) \_\_\_\_\_

Transfer of DIVO/Training file(s) completed \_\_\_\_\_

\*Special access required (BAVRs/NAVSEA Badge): See Personnel Security Manager RM 1509  
Phone: 475-4308 Email: nhb.securitymanager@med.navy.mil)

New Department Head/Division Officer \_\_\_\_\_  
**(Signing indicates completion of all actions above)**

New Directorate LCPO \_\_\_\_\_  
**(Signing indicates completion of all actions above)**

E-Leave \*\*\*\*\* (See Reverse)\*\*\*\*\* (HRD) \_\_\_\_\_

**The following departments will be notified via e-mail:** (HRD) \_\_\_\_\_

IMD: Outlook Administrator/Webmaster (Sharepoint)	Timekeeper	
Watchbill Coordinator: Enlisted/Officer	ETD: DH/LCPO	Dental Records Receptionist
CCC: LCPO/LPOHMC	CHCS Manager	Safety Officer

HRD LCPO (ALL) \_\_\_\_\_ HRD DH/DIVO (Officers Only) \_\_\_\_\_

INTERDEPARTMENTAL/INTERDIVISIONAL  
TRANSFER SHEET (Cont)

E-LEAVE:

New Reviewer(s):

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New Approvers:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_