

NOSC BILLINGS CHECK-IN/OUT SHEET

PRIVACY ACT STATEMENT: The AUTHORITY to request this information is contained in 5 USC 201 Departmental Regulations and EO 9397. Purpose(s): This information is USED to maintain recall information, and may be furnished to other Navy personnel and to other components of the Department of Defense who have a need for the information in the event of a recall. Routine: Assist officials and employees of the Department of the Navy to Check-In/Out Navy personnel. Disclosure: Involuntary failure to provide recall information could result in disciplinary action for Active Duty Personnel.

Name: _____	Rate: _____	Unit Assigned: _____
Mailing Address: _____ _____ _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email address: _____		Sponsor's Contact Information: Name: _____ Email: _____ Phone: _____ Duty Office: 1-877-834-4772 CDO Cell: (406) 860-3948
<p><u>Admin Dept</u> CAC Verify _____ Security Clearance _____ NOSC Handbook _____ DTS Verification _____</p> <p><u>Training Dept</u> AT/ADT/IDTT Request _____ Schools Request _____ Travel Claim Procedures _____ Training Requirements _____</p> <p><u>Command Career Counselor</u> Interview Date _____ Establish NKO Account _____ NKO Civilian Profiler Survey _____ NSIPS CEI Survey _____</p> <p><u>Command Fitness Leader</u> Height _____ Weight _____ Body Fat Percentage _____ Last PFA date _____ Entered into PRIMs _____</p> <p><u>Command Chief</u> Check-In/Out _____ Command Indoc Date _____ Ombudsman _____ Career Development Board _____</p> <p><u>Command Lay Leader</u> Interview _____</p> <p><u>DAPA</u> Interview _____ Health Promotions _____</p> <p><u>Safety</u> Motorcycle Course _____ Safe Drivers Course _____ ESAMS _____</p>	<p><u>Personnel Dept</u> Direct Deposit _____ State of Residence _____ Drill Policy _____ Attendance/Mustering Policy _____ Thrift Saving Plan _____ Dependent Care Certificate _____ RMGIB _____ Annual MOB Questionnaire _____ Page 2 Verification _____ SGLI/Family SGLI _____</p> <p><u>Supply Dept</u> New Uniform Issue _____ Uniform Measurements _____ Alterations _____ Name Tapes _____ Rating Badges _____ Uniform Record Audit _____ Messing & Berthing PG 13 _____ Urinalysis _____ GTCC _____</p> <p><u>Medical Dept</u> Medical Record _____ Dental Record _____</p> <p><u>Funeral Honors Coordinator</u> Funeral Honors PG 13 _____ Ceremonies _____</p> <p><u>AIS</u> MAC Request _____ NMCI SAAR _____ OWA Agreement _____ DOD IA _____ CAC Reader _____ CAC Reader CD _____ Printer/Share Drive Setup _____</p>	
_____ SEA SIGNATURE AND DATE	_____ UNIT OIC SIGNATURE AND DATE	_____ CO SIGNATURE AND DATE

NOSCBIL 1740 (Rev. 10-2011)

FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE