Reserve Support Unit
Check In/Out Sheet

Print Form

RANK _____ NAME (Last, First MI) _____ SECTION_____ DATE_____

**ASSIGNED SECTION**

Section SNCOIC:_____ Section OIC:_____

Work Area:_____ PRO:____ CON:____ (E-4's and below) FITREP: Y__ N__ (E-5's and above)

**BASE**

JRC Welcome Aboard Brief:_____ JRC Base Decals:_____ Police Records:_____

**COMMAND DECK**

Sergeant Major:_____ Commanding Officer:_____

FRO/SMP _____ Executive Officer / Security Manager:_____

**ADJ**

Recall Roster Information:_____ Mail Room:_____

Equal Opportunity Officer:_____ ATO _____

Guard Chief / AATO:_____ Voting Officer_____

Legal: _____ Education Center, SOI, BLDG 520512:_____

**S-3 TRAINING / PROCESSING / MEDICAL**

Training:_____ HT/WT:____/____ BF%:_____

Dental (San Mateo):_____ Dental screening scheduled on:_____

Medical (SOI):_____ SACO:_____

Motorcycle Mentorship Coordinator:_____

**S-4 SUPPLY / LOGISTICS / CIF**

Uniform Victim Advocate _____

Supply:_____ DMO:_____ CIF:_____ (E-5 and below full issue)

Safety Officer:_____ JPAS: Y_____ N _____

**S-6 CISC / NMCI**

S-6:_____ E-Mail Account:_____

**CONSOLIDATED PERSONNEL ADMINISTRATION CENTER (CPAC)**

SRB/OQR (Inbound):_____ Orders:_____ Pay Clerk:_____

Travel: _____ SEPS/TAMP:_____ DTS:_____

GTCC/APC (Government Travel Card):_____

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.

_____ MARINE'S SIGNATURE

_____ DATE