

ANNUAL TRAINING/ACTIVE DUTY TRAINING (AT/ADT) CHECKLIST

Reset Form

1. NAME:	2. RANK/RATE:	3. CLERK'S NAME: HM1 CLARISSA ROSALIN
4. COMMAND	5. START DATE:	6. DETACH DATE:
CONTACT PHONE #:		CONTACT EMAIL:

Section A: AT/ADT 30 DAYS or LESS

<p>Member's Responsibility (Comply Items): PAY AND ALLOWANCES</p> <p><input type="checkbox"/> Verify Dependency Data/Page 2 via NSIPS ESR within 180 days of reporting for AT/ADT.</p>	<p>Command PASS Coordinator Responsibilities:</p> <p>Provide PSD via TOPS:</p> <p><input type="checkbox"/> Copy of Endorsed Original Orders (Date and hour reported is required)</p> <p><input type="checkbox"/> Other Authorized Special/Incentive Pays Memorandum (if applicable)</p>
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FOR IRR MEMBERS ONLY - A certified copy of P602R by PERS-93 must be provided.

Note: IRR members are unable to update P602R in NSIPs because they have no CAC, PERS-93 will provide the member a certified copy of P602R prior to reporting.

Section B: AT/ADT 30 DAYS or MORE

<p>Member's Responsibility (Comply Items): PAY AND ALLOWANCES</p> <p><input type="checkbox"/> Verify Dependency Data/Page 2 via NSIPS ESR within 180 days of reporting for AT/ADT.</p> <p><u>ACCRUED LEAVE OPTION (Check Election)</u></p> <p><input type="checkbox"/> SELL</p> <p><input type="checkbox"/> CARRYOVER (Member must sign a Page 13 election to carryover unused leave). MPA 07/12 refers.</p>	<p>Command PASS Coordinator Responsibilities:</p> <p>Provide PSD via TOPS:</p> <p><input type="checkbox"/> Copy of Endorsed Original Orders (Date and hour reported is required)</p> <p><input type="checkbox"/> Provide PSD a DD Form 1561 for Family Separation Allowance (if applicable).</p> <p><input type="checkbox"/> Other Authorized Special/Incentive Pays Memorandum (if applicable)</p> <p><input type="checkbox"/> Page 13 member's unused leave carryover election (if applicable).</p>
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NOTE: Per BUPERSINST 1900.8D, DD214 will be issued for AT/ADT orders 90 days or more and for Reserve Component ordered to active duty for a contingency operation regardless the number of days served. DD214 will be issued at the training site. Travel claims will be processed at NOSC's PSD.

REFERENCE: NAVY DJMS PTG PART 8 (RESERVES), CHAPTER 2, SECTION B

Privacy Act of 1974 applies, it must be protected IAW DODINST 5400.11R and is 'For Official Use Only (FOUO)'. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.
PRIVACY SENSITIVE

PERSONNEL VERIFICATION SHEET

PLEASE WRITE CLEARLY!!!!

UIC: 61337 (NHB) OR 32583 (MCRD PI) (circle one)

WORK ASSIGNMENT (DIR/DEPT): _____

PERSONAL DATA

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

SSN: LAST FOUR ONLY _____

MILITARY ASSIGNMENT

PERSONNEL STATUS: (circle one) AT ADT IDT IDTT

BRANCH OF SERVICE: _____

RANK & RATE: _____

Designator (if applicable): _____

PRIMARY NOBC or NEC: 1.) _____ SECONDARY 2.) _____

SSP: (if applicable) 1.) _____ 2.) _____ 3.) _____

ORDERS START DATE: _____

ORDERS END DATE: _____

TRAVEL INFORMATION

MODE: (circle one) CAR BUS AIRLINE

ARRIVAL DATE: _____

DEPARTUE DATE: _____

If airline is circled, what is the flight departure date and time?

*if departure time is before 1600, you will be required to reschedule.

DMHRSi CHECK-IN SHEET

(OFFICER AND ENLISTED)

PRIVACY ACT STATEMENT

Information contained herein is covered by the Privacy Act of 1974. Unauthorized disclosure of this data could result in criminal or civil suits against the Navy and the person(s) responsible for the disclosure, including fines up to \$5000 for each disclosure.

Principal Purposes: To be used by Manpower Management Department to update personnel management systems and will become a part of departmentally retained files. Your social security number is used to uniquely associate you within the different personnel management systems. The data is FOR OFFICAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

SSN:	UIC:	DATE: (MM/DD/YY)
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PERSONNEL TYPE: OFFICER ENLISTED

LAST NAME:	DATE OF BIRTH: (MM/DD/YY)
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FIRST NAME:	ETHNIC GROUP: A. AMERICAN INDIAN <input type="checkbox"/> B. ASIAN/PACIFIC ISLANDER <input type="checkbox"/> C. BLACK <input type="checkbox"/> D. HISPANIC <input type="checkbox"/> E. WHITE <input type="checkbox"/>
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MIDDLE NAME:	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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CITIZENSHIP:	BLOOD TYPE:
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LANGUAGE:	NEC 1:	NEC 2:	YEARS OF EDUCATION:
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RATE:	DATE OF RANK: (MM/DD/YY)	PAY GRADE:	BRANCH: USN <input type="checkbox"/> USNR <input type="checkbox"/>
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DATE TRANSFERRED FROM LAST COMMAND: (MM/DD/YY)	DATE REPORTED ONBOARD: (MM/DD/YY)	PRD:	EAOS: (MM/DD/YY)
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****FOR MANPOWER MANAGEMENT OFFICE USE ONLY****

STATUS:

BSC:

NOBC 1:	NOBC 2:
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DESIGNATOR:	SUB SPEC	1:	2:	3:
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SECURITY

LEVEL:	DATE: (MM/DD/YY)
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DATE DEPENDENT CARE VERIFIED:

DEPENDENTS OCONUS: YES NO

DEPENDENTS ONBOARD WITH MEMBER: YES NO

MILITARY ALLOWANCE:
 DRAWS BAH DRAWS BAS

INPUTED BY: _____

LOCAL ADDRESS

STREET:

CITY:

STATE:	ZIP:
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HOME PHONE:	WORK PHONE:
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MARITAL STATUS: A. SINGLE
 B. MARRIED
 C. MIL TO MIL
 D. MIL TO MIL WITH DEPENDENTS
 E. SINGLE WITH DEPENDENTS

NAME OF SPOUSE: _____

NUMBER OF DEPENDENTS: _____

HOME OF RECORD

CITY:	STATE:
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INFORMATION VERIFIED BY: _____

DATE	DATE
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NAVAL HOSPITAL BEAUFORT
RESERVIST
MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM

***** SUBMIT TO OSO PRIOR TO CHECKOUT *****

NAME: _____ (Last) _____ (First) _____ (MI) _____ RANK _____

ASSIGNED DEPARTMENT(S): _____ DATES ASSIGNED _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
CLINIC HOURS																																
ADMINISTRATIVE TIME																																
PT/PRT																																
OTHER																																
TOTAL																																
COMMENTS/NOTES:																																

DEPARTMENT SUPERVISOR SIGNATURE: _____

**NAVAL HOSPITAL BEAUFORT
RESERVIST MILITARY CHECK IN/OUT SHEET**

Name (Last, First Middle) _____ Today's Date _____
Rank/Rate _____ NEC/Specialty/Position Title _____
Directorate/Department _____ Detach Date _____

Instructions: Visit the departments and individuals listed in the marked sections. Allow up to three business days to complete.

Section I – COMPLETE FIRST (Room numbers)

Operational Support Officer(3S203) _____ ID Badge(3S206) _____ DMHRSi (MIL HR)(3S203) _____
Security Specialist (SAAR)(3S205) _____ Emergency MGT (1E203) _____

Section II

FIRST FLOOR

Commanding Officer(1E316) (O6 and Above) _____

Command Eval/HIPAA(1E311) _____

Information Technology(1W305) _____

SECOND FLOOR

Infection Control Officer(2S321) _____ Occupational Health(2S300) _____ (Check in time 1100)

Section III – LICENSED HEALTH CARE PRACTITIONERS ONLY

Coding(3S411) _____ TRICARE Ops(1S200) _____ Credentials (Call 228-5149/5994)(1S207/1S209) _____
Perf Imp/Risk Mgmt/PAPI(1S403) _____ Disease Management(Primary Care Only) (Cissy Greene @x5224) _____

Section IV

MISC

Assigned Department Dept Head (Officer) _____ Assigned Department LCPO (Enlisted) _____

Section V

Return completed check in sheet to Military Human Resources _____

Processor Signature

Date Completed

PARRIS ISLAND PERSONNEL TURN MEDICAL AND DENTAL RECORDS OVER TO MCRD STAFF

**NAVAL HOSPITAL BEAUFORT
RESERVIST MILITARY CHECK IN/OUT SHEET**

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PARRIS ISLAND PERSONNEL TURN MEDICAL AND DENTAL RECORDS OVER TO MCRD STAFF



NAVAL HOSPITAL BEAUFORT
RESERVE LIAISON OFFICER
CRITIQUE FORM

NAME: _____ RANK: _____
DESG: _____ NOBC/NEC: _____
TRAINING DATES: _____ DEPARTMENT ASSIGNED: _____
JOB ASSIGNMENT: _____

I. CHECK-IN (PLEASE CIRCLE ONE)

EXCELLENT GOOD SATISFACTORY UNSATISFACTORY

a. HAVE YOU PERFORMED TRAINING AT THIS COMMAND IN THE PAST?
YES NO

i. IF YES, WHEN AND WHAT AREA WERE YOU ASSIGNED?

b. DID YOU RECEIVE A WELCOME ABOARD PACKET? YES NO

i. WAS THE INFORMATION HELPFUL?

ii. DO YOU HAVE ANY SUGGESTIONS TO IMPROVE THE WELCOME
ABOARD PACKET?

c. DID YOU FEEL WELCOME AND WERE ALL OF YOUR QUESTIONS
ANSWERED TO YOUR SATISFACTION? _____

d. GENERAL COMMENTS:

2. RESERVE LIAISON OFFICER

EXCELLENT GOOD SATISFACTORY UNSATISFACTORY

a. DID YOU FEEL THE RESERVE LIAISON OFFICER PROVIDED
NEEDED SUPPORT DURING YOUR TRAINING?

b. GENERAL COMMENTS:

