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. C

DETACHING COMMAND	**UIC:**	**DATE: (MM/DD/YY)**

PERSONNEL TYPE: OFFICER ☐ ENLISTED ☐

LAST NAME:	**DATE OF BIRTH: (MM/DD/YY)**
FIRST NAME:	**ETHNIC GROUP:** A. AMERICAN INDIAN ☐ B. ASIAN/PACIFIC ISLANDER ☐ C. BLACK ☐ D. HISPANIC ☐ E. WHITE ☐
MIDDLE NAME:	**SEX:** MALE ☐ FEMALE ☐
CITZENSHIP:	**BLOOD TYPE:**

LANGUAGE:	**NEC 1:**	**NEC 2:**	**YEARS OF EDUCATION:**
RATE:	**DATE OF RANK: (MM/DD/YY)**	**PAY GRADE:**	**BRANCH:** USN ☐ USNR ☐

DATE TRANSFERRED FROM LAST COMMAND: (MM/DD/YY)	**DATE REPORTED ONBOARD: (MM/DD/YY)**	**PRD:**	**EAOS: (MM/DD/YY)**

****FOR MANPOWER MANAGEMENT OFFICE USE ONLY****

STATUS:	
BSC:	
NOBC 1:	**NOBC 2:**
DESIGNATOR:	**SUB SPEC** 1: 2: 3:
SECURITY	
LEVEL:	**DATE: (MM/DD/YY)**
DATE DEPENDENT CARE VERIFIED:	
DEPENDENTS OCONUS: YES ☐ NO ☐	
DEPENDENTS ONBOARD WITH MEMBER: YES ☐ NO ☐	

LOCAL ADDRESS

STREET:	
CITY:	
STATE:	**ZIP:**
HOME PHONE: **CELL PHONE:**	**WORK PHONE:**
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:**

MILITARY ALLOWANCE: DRAWS BAH ☐ DRAWS BAS ☐

INPUTED BY: _____ DATE

INFORMATION VERIFIED BY: _____ DATE