Contact Email: _____ Contact Phone #: _____

PSD

TRANSIENT / STUDENT INFORMATION SHEET

NAME: _____ RANK: _____ SSN: _____ COURSE/CIN: _____

LAST, FIRST MI

## REPORTING INFORMATION:

| | DATE DETACHED | DUTY STATION /LOCATION | MODE OF TRAVEL | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | POV | ____ | AIR | ___ | OTHER | ___ |
| DATE REPORTED: | | DETACHING ACTIVITY ON YOUR PCS ORDERS | | | | | | |
| | | | POV | ____ | AIR | ___ | OTHER | ___ |
| | | FIRST INTERMEDIATE DUTY STATION OR LEAVE ENROUTE | | | | | | |
| | | | POV | ____ | AIR | ___ | OTHER | ___ |
| | | SECOND INTERMEDIATE DUTY STATION OR LEAVE ENROUTE | | | | | | |
| | | | POV | ____ | AIR | ___ | OTHER | ___ |
| | | THIRD INTERMEDIATE DUTY STATION OR LEAVE ENROUTE | | | | | | |
| | | | POV | ____ | AIR | ___ | OTHER | ___ |
| | | ULTIMATE DUTY STATION | | | | | | |

EAOS: _____ OBLISERVE to train? **YES** **NO**

Extension in record? **YES** **NO**

If yes, number of months: _____

Is member SRB eligible? **YES** **NO**

Does member have dependents? **YES** **NO** Did they travel with the member? **YES** **NO**

Does member's family reside in government quarters? **YES** **NO**

Does the member request Advanced Per Diem to pay their CBQ/BOQ room or hotel during this TDY period? **YES** **NO**

Where does the member currently reside? (**Barracks** **Hotel** **Home** **Government Quarters)** *circle one.*

Are government quarters available? **YES** **NO**

Lodging Facility: _____; Daily Cost: $_____

Dates of Occupation: From_____ To _____

If Advanced Per Diem is requested, please provide the following:

- Lodging receipts or letter of intent(*must show daily lodging rate)*
- Non-availability of government quarters endorsement or memo (*if applicable)*
- Travel Advance Request Form
- Completed EFT form

Does member require a port call ***(all sea and overseas ultimate duty stations)***? **YES** **NO**

Is there a screening requirement for these orders (i.e. overseas, instructor)? **YES** **NO** If so, is the screening complete? **YES** **NO**

## DETACHING INFORMATION:

**Graduation/Estimated detachment date:** _____

Mode of travel the member will utilize upon departure: **POV** **AIR**

If traveling POV, is the member requesting Advance Travel pay? **YES** **NO** Number of dependents traveling with member: _____

**If advance travel is requested, please provide the following:**

- Advance Travel Request Form
- Completed EFT
- Page 2 (Record of Emergency Data/dependency application if requesting with *dependents* travel)

Will the member be requesting advance DLA? **YES** **NO**

Will the member be requesting leave en-route? **YES** **NO** If so, how many days? _____

Leave address: _____ Next of Kin: _____

Leave phone number: _____

| | MAKE | MODEL | LICENCE PLATE # | STATE |
|---|---|---|---|---|
| VEHICLE #1: | | | | |
| VEHICLE #2: | | | | |

PERSUPPACTLANT Form 1320/10(08-05)

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 US Code 1552. EO 9397

PRINCIPLE PURPOSE: To initiate an application for correction of military record. The form is used by Board members to review of pertinent information in making determination of relief through correction of a military record.

Routine USE(S): None

DISCLOSURE: Voluntary: however, failure to provide information may impede processing of this application. The request for Social Security number is strictly to assure proper identification of the individual and appropriate records.

Contact Email: _____ Contact Phone #: _____