



DEPARTMENT OF THE NAVY

TRAINING SQUADRON NINE
101 FULLER ROAD SUITE 221
MERIDIAN, MS 39309-5404

TRARONNINEINST 1306.1L
N1
6 Mar 15

TRARON NINE INSTRUCTION 1306.1L

From: Commanding Officer, Training Squadron NINE

Subj: CHECK-IN AND CHECK-OUT PROCEDURES

Ref: (a) COMTRAWINGONEINST 1740.3 (Series)
(b) TRARONNINEINST 1750.1 (Series)
(c) TRARONNINEINST 5360.1 (Series)

Encl: (1) Check-In/Out Sheet – Staff Officer
(2) Check-In/Out Sheet – Student Naval Aviator
(3) TW-1 Emergency Data Form
(4) VT-9 Staff Primary Next Of Kin Questionnaire

1. Purpose. To set forth procedures for the check-in and check-out of squadron staff officers and student personnel.

2. Cancellation. TRARONNINEINST 1306.1K

3. Check-In Process:

a. Sponsor Coordinator. Upon receipt of Permanent Change of Station (PCS) orders for staff personnel, the Administrative Officer (AO) will ensure a welcome aboard package is forwarded to the individual as per references (a) and (b). Training Air Wing ONE (TW-1) Student Control (STUCON) will provide similar information to Student Naval Aviators (SNAs).

b. Initial Check-In. When a new staff officer arrives at Training Squadron NINE (VT-9), he/she will report to the Administrative (Admin) Office. New SNAs must visit TW-1 STUCON first, then they will report to the VT-9 STUCON Officer.

c. Admin Office:

(1) Pass Liaison Representative (PLR). Will update all Staff service member's election form (as applicable), during their initial check-in and check-out. This process should be completed within 10 working days for gaining purposes. Each Staff service member will be assigned a command check-in or check-out clerk, who will assist in the completion of all documents toward properly being gained or detached by the hosting Personnel Support Detachment (PSD), Pensacola, FL. All SNAs will be supported by TW-1 Admin Department for their specific needs.

(2) Check-In/Check-Out Sheets. Enclosure (1) and (2) will be completed (as applicable) and returned to the Admin Department as directed.

(3) TW-1 Emergency Data Form. Enclosure (3) will be completed (as applicable) by TW-1 staff personnel and will be turned in to VT-9 Admin where it will be placed in a combination safe. All students will provide the prior completed TW-1 Emergency Data Form upon official command check-in. It is the SNA's responsibility to provide the TW-1 Emergency Data Form to the assigned check-in clerk on their initial check-in date. The Admin staff has access to the safe where the TW-1 Emergency Data Form will be kept and only used in the event of an accident or other serious event, as per reference (c).

d. Executive Secretary. All staff and SNAs will report to the Commanding Officer's (CO) Secretary to complete a locator card. An appointment to visit with the CO and Executive Officer (XO) will be made at this time.

4. Check-Out Process:

a. Staff Officer. Upon receipt of PCS orders for staff personnel, the Staff Officer will complete the following with the assistance of the PLR, if needed. All forms will be sent through the Transition Online Processing System (TOPS) down to PSD Pensacola, FL via TOPS as directed by the hosting command.

(1) Overseas screening (as applicable).

(2) Security Clearance paperwork (as applicable).

(3) Advance Travel, Dislocation Allowance and other pay (as applicable).

b. SNAs. Completing Naval students will need to provide the dates of their last Fitness Report (FITREP) to the assigned check-out clerk. All students are responsible for ensuring that their Security Clearance paperwork is complete no later than eight weeks prior to their projected winging date. It is highly recommended that all SNA's check with TW-1 Admin Department on this requirement.

c. Check-In/Check-Out Sheets. Enclosure (1) and (2) will be completed (as applicable) and returned to the Admin Department as directed.

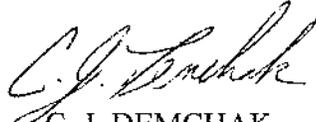
5. Action:

a. Admin Officer. Ensure compliance with this instruction by all reporting and detaching personnel.

b. STUCON Officer. Provide proper training for reporting SNAs to ensure they utilize this instruction.

TRARONNINEINST 1306.1L
6 Mar 15

c. Class Advisor. Class advisors must ensure compliance with this Check-in and Check-out instruction. Emphasize the importance of Government Credit Card Responsibilities, Officer FITREPs and Security Clearance responsibilities.



C. J. DEMCHAK

Distribution:
TRARONNINEINST 5216.1 (Series)
List I, II

CHECK-IN/CHECK-OUT SHEET – STAFF OFFICER
****(Upon completion, return to VT-9 Admin for filing)****

(Complete all applicable sections)

NAME	RANK	BRANCH	DATE REPORTED/TRANSFERRING (CIRCLE ONE)

IN	OUT	NOTES
----	-----	-------

VT-9 EXECUTIVE SECRETARY

1. LOCATOR CARD			
2. CO/XO APPOINTMENT			
3. FITREP (NAVY ONLY)			

VT-9 DUTY OFFICE

1. NAME, PHONE# ON RECALL LIST			
--------------------------------	--	--	--

VT-9 OPS/STUCON

1. STUDENT CONTROL (CLERK)			
----------------------------	--	--	--

VT-9 SAFETY/NATOPS

1. NATOPS JACKET/UP CHIT			
2. NATOPS MANUAL/PCL			
3. CHECK SWIM/PHYS			
4. GSO (MOTORCYCLE RIDERS ONLY)			
5. LOG BOOK			

VT-9 STAN

1. STAN JACKET			
----------------	--	--	--

VT-9 PAO/OFFICER'S MESS/URINALYSIS

1. OFFICER'S MESS DUES (\$125.00 NAVY/\$115.00 MARINE)			
2. NAME TAG(S)/PATCHES/MUGS			
3. HAIL AND FAREWELL DATA CARD			
4. URINALYSIS COORDINATOR			
5. PHYSICAL FITNESS (PFA) COORDINATOR			

VT-9 ADMIN

1. GOVERNMENT CREDIT CARD			
2. EMERGENCY DATA FORM			
3. DEFENSE TRAVEL SYSTEM			
4. STATEMENT OF UNDERSTANDING (GOVCC/AIR CARD)			
5. TRAVEL CLAIM/PG2/SGLI/ORDERS/LOSS ACTIVITY REPORT			
6. SEPARATION DOCUMENTS-DD214 (PSD)			
7. WEB ORDERS (MARINES)			
8. FORWARDING ADDRESS			
9. NFAAS & DEERS ACCOUNT UPDATE			
10. NSIPS (E-LEAVE) ACCOUNT UPDATE			
11. MILCONNECT ACCOUNT UPDATE			

*****PLEASE SEE REVERSE SIDE*****

HOUSING OFFICE (718 Gill St. (In Pine Crest housing just off Allen Road))

1. CHECK-IN/CHECK-OUT			
-----------------------	--	--	--

PARALOFT/L-3

1. FLIGHT GEAR			
2. L-3 DATA ANALYSIS			

CTW-1 ADP (Hangar 1 Rm 2085, rear office in TIMS)

1. NMCI			
2. IA TRAINING/TRANET ACCOUNT LOG-IN			
3. SECURITY CLEARANCE – (SID HARRIS JR)			
4. CTW1 ADMIN DEPARTMENT			
5. CTW1 NAPP DEPARTMENT			
6. CTW1 SUPPLY DEPARTMENT			
7. CTW1 TIMS ADMINISTRATOR			

MEDICAL/ DENTAL

1. UP-CHIT/ANNUAL PHYSICAL			
2. MEDICAL RECORD IS IN POSSESSION OF BRANCH HEALTH CLINIC			
3. DENTAL RECORD IS IN POSSESSION OF BRANCH HEALTH CLINIC			
4. MEDICAL RECORD IS NOT IN POSSESSION OF BRANCH HEALTH CLINIC			
a. INFO OBTAINED FOR SEARCH/SF600 SIGNED			
5. DENTAL RECORD IS NOT IN POSSESSION OF BRANCH HEALTH CLINIC			
a. INFO OBTAINED FOR SEARCH/SF600 SIGNED			
6. TRICARE			

PREVIOUS DUTY STATION (LIST THE PAST 5 YEARS)

1.			
2.			
3.			
4.			
5.			

DETACH DATE

1. ACTUAL SEPARATION DATE FROM VT-9			
-------------------------------------	--	--	--

FINAL STOP IS VT-9 ADMIN

NOT OFFICIALLY CHECKED IN OR OUT OF THE SQUADRON UNTIL YOU SEE ADMIN!

ALL NEW MARINE CHECK-INS MUST SEE THE SENIOR MARINE PRIOR TO CHECK-IN COMPLETION

CHECK-IN/CHECK-OUT SHEET – STUDENT NAVAL AVIATOR

****(Upon completion, return to VT-9 Admin for filing)****

(Complete all applicable sections)

<i>NAME</i>	<i>RANK</i>	<i>BRANCH</i>	<i>DATE REPORTED/TRANSFERRING (CIRCLE ONE)</i>

<i>IN</i>	<i>OUT</i>	<i>NOTES</i>

VT-9 EXECUTIVE SECRETARY

1. LOCATOR CARD			
2. CO/XO APPOINTMENT			

VT-9 STUDENT CONTROL

1. CHECK-IN (STUCON OFFICER)			
2. STUDENT CONTROL (CLERK)			

VT-9 SAFETY/NATOPS

1. NATOPS JACKET/UP-CHIT			
2. NATOPS MANUAL/PCL			
3. CHECK SWIM/PHYS			
4. GSO (MOTORCYCLE RIDERS ONLY)			
5. LOG BOOK			

VT-9 PAO/OFFICER'S MESS/URINALYSIS

1. MESS DUES (\$150 NAVY/INTERNATIONAL) (\$140 MARINES)			
2. NAME TAG(S)/PATCHES			
3. URINALYSIS COORDINATOR			
4. PHYSICAL FITNESS (PFA) COORDINATOR			

VT-9 ADMIN

1. GOVERNMENT CREDIT CARD			
2. NEXT OF KIN QUESTIONNAIRE			
3. DEFENSE TRAVEL SYSTEM			
4. STATEMENT OF UNDERSTANDING (GOVCC/AIR CARD)			
5. FITREP (NAVY ONLY)			
6. FORWARDING ADDRESS			
7. WEB ORDERS (MARINE)			
8. NFASS & DEERS ACCOUNT UPDATE			
9. NSIPS (E-LEAVE) ACCOUNT UPDATE			
10. MIL-CONNECT ACCOUNT UPDATE			

PARALOFT/L-3

1. FLIGHT GEAR			
2. L-3 DATA ANALYSIS			

FINAL STOP IS VT-9 ADMIN

NOT OFFICIALLY CHECKED IN OR OUT OF THE SQUADRON UNTIL YOU SEE ADMIN!

ALL NEW MARINE CHECK-INS MUST SEE THE SENIOR MARINE PRIOR TO CHECK-IN COMPLETION

TW-1 EMERGENCY DATA FORM

PRIVACY ACT STATEMENT: Authority to request this information is derived from Title 5 United States Code 301, Department Regulations. The principal purpose of the information requested is to enable competent authority to notify Next of Kin in the event of death or serious injury. Disclosure is mandatory for all Active Duty military personnel. Failure to complete the form may result in disciplinary or administrative action. When completed, the information contained herein is restricted information and disclosure to individuals or groups outside the Naval Command is not authorized without prior consent from the individual concerned in accordance with the Privacy Act of 1974 (Public Law 93-579, V. S. C. 552) and SECNAVINST 5211.5.

This form **shall** be completed in its entirety within 2 weeks of check-in in TW-1. A copy of this form will remain with the individual officer's squadron. The original form will be kept at TW-1.

SERVICE MEMBER INFORMATION

1. Service Member:

Name _____

Rank _____ SSN _____

DOB _____ Place of Birth _____

Religious preference _____

2. Personal Information:

Personal Records:

Location of will: _____

Location of Insurance Policies: _____

Other important records: _____

SPOUSE INFORMATION

If single, skip to CHILDREN.

3. Spouse:

Name _____

Rank (if applicable) _____ SSN _____

DOB _____ Place of Birth _____

Religious preference _____

4. If Spouse works, employer's information (if applicable):

Name _____

Address _____

Phone # _____ Hours _____

UPON NOTIFICATION OF DEATH OR INJURY TO SERVICE MEMBER

5. Does Spouse desire clergy in attendance? Y / N

If so, Name _____ Phone # _____

Address _____

6. Does Spouse desire local friends/relatives in attendance? Y / N

If so, Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

7. Is Spouse taking medication? Y / N

If so, _____

8. Does medical condition of Spouse warrant a physician's presence? Y / N

If so, Name _____ Phone # _____

CHILDREN

Please name the children who reside with you and indicate where they might be located during the daytime. Include name of school, day care facility, and/or babysitter and provide phone numbers. If no children, skip to PARENTS/NEXT OF KIN.

Name _____ **Age** _____ ***School** _____ **Phone #** _____

*School, Day Care, Babysitter

9. **Are any of your children taking medication?** Y / N

If so, _____

10. **Do you have a medical power of attorney for your children?** Y / N

If so, Name _____ Phone # _____

Address _____

Location of medical power of attorney _____

Name of children's Doctor _____ Phone # _____

11. **Should someone other than spouse provide temporary care for children?** Y / N

If so, Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

12. **Are any children away at school or living elsewhere?** Y / N

If so, is there a friend or relative in the area you would like the military to contact:

Name _____ Relationship _____

Address _____ Phone # _____

13. **Who is authorized to pick up children from school or day care?**

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

PARENTS/NEXT OF KIN

Service member:

Name _____ **Address** _____ **Phone #** _____

Spouse (if applicable):

Name _____ **Address** _____ **Phone #** _____

The Navy will contact the service member's parents/next of kin unless it has been specified otherwise.

14. **Do you wish the Navy to notify the service member's parents/next of kin?** Y / N

15. **How does the service member want his/her parents/next of kin notified?** Y / N

(a) Spouse (b) Military representative from their area (c) Relative (d) Local clergy

If relative or clergy, Name _____

Address _____ Phone # _____

16. **Does the service member's parents have any medical considerations?** Y / N

If so, _____

Doctor's Name _____

Address _____ Phone # _____

17. Do you wish the Navy to notify the spouse's parents/next of kin? Y / N

18. How does the spouse want his/her parents/next of kin notified?

(a) Spouse (b) Military representative from their area (c) Relative (d) Local clergy

If relative of clergy, Name _____

Address _____ Phone # _____

19. Does the spouse's parents have any medical considerations? Y / N / NA

If so, _____

Doctor's Name _____

Address _____ Phone # _____

20. List the names of other friends/relatives who should also be notified.

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

CACO (CASUALTY ASSISTANCE CALLS OFFICER)

Considerations must be given to availability of the person(s) named. If married, service member and spouse should discuss choices.

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

21. Service member preferences in the event of fatal injuries:

Choose or add desired: Military funeral, burial in National Cemetery, cremation, burial at sea, etc.

EMERGENCY INVOLVING SPOUSE OR BOTH

If single, skip to PET INFORMATION.

22. In case of an emergency involving the spouse:

List the name of a friend or relative the service member would want with him/her or with the children at this time:

Name _____ Phone # _____

Address _____

23. In case of death of both service member and spouse:

Primary next of kin:

Name _____ Phone # _____

Address _____

24. Pet information: (Name, type, location, temperament, boarding instructions, etc.)

25. Any other information or special desires which should be considered:

Signature of Service Member:

Date

Signature of Spouse (if applicable):

Date

VT-9 STAFF PRIMARY NEXT OF KIN QUESTIONNAIRE

This form should be completed by the service member with spouse's assistance (if applicable), signed by both wife and husband and sealed in an envelope with the service member's name printed on the envelope. Envelopes will be maintained in the VT-9 Administrative Office. Only in the event of death or serious injury will the envelope be opened to permit expeditious and efficient completion of the member's wishes. If questions do not apply, please indicate with N/A. In the event of an accident involving the service member, an official call will be made to the spouse in person by either the squadron CO or his representative, and other persons you so designate on this form. If your spouse is not located in the local area, a representative from the nearest military installation will make notification in person.

1. Service Member Name: _____

Rank: _____ SSN: _____ Place of Birth: _____

DOB: _____ Phone Number: _____

Address: _____

a. Name and Dates of Last Two Commands: _____

b. Have you provided an updated copy of your Page Two (REDS sheet) to VT-9 Admin?

Yes No

c. Have you provided an updated copy of your SGLI form (DD93) to VT-9 Admin?

Yes No

2. Spouse Name: _____

Address: _____

Phone#: _____ SSN: _____

3. Spouse employer name: _____

Address: _____ Phone#: _____

4. Upon notification of death or injury to the service member:

a. Does spouse desire clergyman in attendance or notified? Yes No

(1) If so, Name: _____ Phone#: _____

(2) Husband's faith: _____ Wife's faith: _____

b. Does spouse desire local friend/relative in attendance? Yes No

(1) If so, Name: _____ Phone#: _____

Address: _____

Name: _____ Phone#: _____

Address: _____

5. Does medical condition of spouse warrant a physician's presence? Yes No

a. If so, Name: _____

Address: _____ Phone#: _____

b. Is spouse taking any medication? _____

c. Does the spouse have a medical Power of Attorney? Yes No

Location: _____

6. Names of children -- Birth Date -- *School/Grade -- Phone# - Special Medical Care:

a. _____

b. _____

c. _____

d. _____

e. _____

* School, Day Care Center, Babysitter

Enclosure (4)

7. Do you have medical Power of Attorney for children? Yes No

a. If so, who is listed? Name: _____ Phone#: _____

Children's doctor: _____ Phone#: _____

8. Should someone other than spouse provide temporary care for children? _____

Address/Phone#: _____

Location of medical Power of Attorney: _____

9. Are any children away at school or living elsewhere? Yes No

a. If so, is there a friend or relative in the area you would like the military to contact:

Name: _____ Phone#: _____

Address: _____

* Who is authorized to pick up children from school or daycare?

Name: _____ Phone#: _____

10. Parents/Relatives:

a. The Navy will contact service member's parents unless it has been specified otherwise. Do you wish the Navy to notify the service member's parents? Yes No

b. How does service member want parents notified? By spouse By military representative from their area By relatives

Parent's Name: _____ Relationship: _____

Address: _____ Phone#: _____

c. Are there any medical considerations? _____

d. Other Parent's name: _____

Address: _____

e. If both parents involved, who should we contact immediately for child care status?

Name: _____ Relationship: _____

Address: _____ Phone#: _____

11. List names of friends/relatives other than the above, who should be notified by phone call or telegram. Who should notify the people below? _____

a. Name: _____ Phone#: _____

Address: _____

b. Name: _____ Phone#: _____

Address: _____

c. Name: _____ Phone#: _____

Address: _____

d. International Officer Liason Name: _____

Address: _____ Phone #: _____

12. Preference for CACO (Casualty Assistance Calls Officer). Consideration must be given to availability of the person(s) named, for example, deployments, transfers and retirements. Husband and wife should discuss choices.

a. Name: _____ Phone#: _____

Address: _____

b. Name: _____ Phone#: _____

Address: _____

c. Name: _____ Phone#: _____

Address: _____

13. Service member preferences in event of fatal injuries: (Choose or add as desired)

a. Military funeral, burial in National Cemetery, cremation, burial at sea, location of funeral, arrangements for funeral, eulogy/speakers, any funeral details. Use back if desired. Check if more on back.

b. In case of emergency involving spouse, please give the name of a friend or relative of the service member you would want to be with him/her or with the children at this time:

Name: _____

Address: _____

Home#: _____ Work#: _____

14. Personal Items:

a. Location of Will: _____

b. Location of other documents (title papers, insurance, etc.): _____

c. Location of Safe Deposit Box: _____

d. Home key location/custodian: _____

e. Cars (make, model, color, year, license plate, location): _____

d. Executor(s) if desired: _____

e. Other family/child issues not previously discussed: _____

Enclosure (4)

15. Pertinent pet information (name, type, location, temperament, boarding instructions, etc.):

16. Any other information or special desires which should be considered? _____

17. Signatures:

Member: _____ Date: _____

Spouse: _____ Date: _____

PRIVACY ACT STATEMENT: Authority to request this information is derived from Title 5 United States Code 301, Departmental Regulations. The principal purpose of the information requested is to enable competent authority to notify the Next of Kin in the event of death or serious injury. Completion of this form is completely voluntary; failure to provide required information may result in delay if notification of Next of Kin becomes necessary. This document does not become a permanent part of an official record.

Enclosure (4)