



DEPARTMENT OF THE NAVY

COMMANDING OFFICER
TRARON EIGHT SIX
390 SAN CARLOS RD SUITE G
PENSACOLA FLORIDA 32508-5503

IN REPLY REFER TO

TRARONEIGHTSIXINST 1306.1M
N1
7 Dec 15

TRARON EIGHT SIX INSTRUCTION 1306.1M

From: Commanding Officer, Training Squadron EIGHT SIX

Subj: PROCEDURES FOR CHECK-IN/OUT FOR SQUADRON STAFF PERSONNEL

Encl: (1) Check-In/Out Record (Form 1306)
(2) CO/XO Check-In Sheet
(3) VT-86 Sabrehawk Information Sheet
(4) IT Check-in Procedures
(5) DEERS Verification
(6) Checklist for Travel Claims
(7) Flight Instructor Screening
(8) Emergency Data Sheet

1. Purpose. To promulgate procedures pertaining to the assignment to duty, transfer, and accountability of permanently assigned personnel.

2. Cancellation. TRARONEIGHTSIXINST 1306.1L

3. Reporting on Board Procedures

a. During normal working hours, all personnel will report to the Administrative Office in the uniform of the day, where complete check-in procedures will be initiated.

b. Outside normal working hours, holidays, and weekends, personnel shall check-in directly with the Squadron Duty Officer (SDO). The SDO shall proceed as follows:

(1) Endorse original orders with date and time of reporting.

(2) Call sponsor assigned to the individual checking in.

(3) Instruct all newly reporting personnel to report to the squadron Admin Office, in the Uniform of the Day, at 0730 on the next working day.

4. Procedures for Checking-In/Out of the Squadron

a. Initial Check-in. Enclosures (1) through (8) will be completed as appropriate.

(1) The Admin Office will initiate the check-in procedures and assist the member in filling out the appropriate documents. Member should review critical dependent information on page two and Servicemen's Group Life Insurance beneficiaries at this time. Check that enclosure (5) indicates DEERS, NFAAS and TRICARE have been updated.

(2) Staff Officers shall report to the squadron Operations Officer for scheduling of Flight Instructor Training Course.

(3) After completing the squadron check-in, all personnel will return enclosures (1) thru (8) to the Admin Office.

(a) The Admin Office will deliver a copy of enclosure (2), (3) and the member's biography to the CO's Secretary prior to the Member checking in with the CO/XO.

(b) Check-out procedures for Permanent Change of Station Orders, Retirement, and Separation.

(1) The Admin Office will issue enclosure (1) to all personnel checking in or out of the command.

(2) Department Heads will prepare and submit the required transfer fitness report to the Executive Assistant two weeks prior to the scheduled departure of the member. The fitness report will be signed and debriefed during the check-out interview with the CO/XO.

(3) The individual will perform the final check-out with the Admin Office. Admin personnel will review the transfer documents and submit to PSD. The Admin Office will ensure the following:

(a) Transfer fitness report and page two are completed.

(b) Check-out card and all other check-out requirements are completed.

5. Action. Personnel in this command are required to comply with the contents of this instruction.


W. P. DONNELLY

Distribution:

Electronic only, via VT-86 Website:

<https://www.cnatra.navy.mil/tw6/vt86/Instructions.asp>

VT-86 CHECK IN / OUT RECORD		
NAME		RANK
CHECK IN		
DESIGNATOR/MOS	PREVIOUS COMMAND	
TYPE OF AIRCRAFT		
CHECK OUT		
NEXT DUTY STATION	DATE	
ADMIN DEPARTMENT	CHECK IN	CHECK OUT
DTS (RECEIVE OR DETACH)		
PG2/SGLI/EMERGENCY DATA		
NFAAS (RECEIVE)		
MEDICAL/DENTAL (SEPARATION ONLY)		
LIST LAST FIVE DUTY STATIONS:		
MEDICAL HAS POSSESSION OF RECORDS	YES/NO	
WING SIX		
WING ADMIN		
SECURITY MANAGER (RECEIVE/DETACH)		
JPAS (RECEIVE /DETACH)		
STUCON (URINALYSIS) (RECEIVE/DETACH)		
RED DOOR		
FITU LIAISON		
SAFETY DEPARTMENT		
NATOPS		
GSO		
STAN DEPARTMENT		
FIST JACKET		
OPS DEPARTMENT		
SWO (03 ONLY)		
DUTY OFFICER		
SCHEDULES		
LOGS & RECORDS		
RMS DEPARTMENT		
MESS TREASURER		
PHYSICAL SECURITY OFFICER		
SENIOR MARINE (USMC ONLY)		
EXECUTIVE SUITE		
CO'S SECRETARY		
CO/XO		
RETURN THIS CARD TO ADMIN OFFICE		
CHECK-IN/OUT RECORD (FORM 1306 12-15)		

Information has been obtained to initiate a search of the the past five years of duty stations and the service member has signed an SF-600 indicating that their Service Treatment Record (STR) is not in their possession.



VT-86 CO/XO CHECK-IN SHEET

Upon completion, schedule appointments for an in-briefing with the Executive Officer and Commanding Officer.
Uniform for in-briefing is Khakis for Navy and Alphas for Marines

Personal data:

Check-in date _____ Ending date of last Fitness Report _____

Name: _____ Call Sign: _____

Rank: _____ Service: _____ Designator: _____ DOR: _____

Off-duty email address: _____

Spouse name: _____

Spouse cell phone: _____ Spouse email: _____

Include Spouse cell phone/email on Social Roster?
YES NO

Child/Children: (name and month/ year of birth) _____

Recall address:

street _____

City/ST/zip _____

phone _____

cell phone _____

Personal Awards / Recognition:

Please list all awards with dates:

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Any misuse or unauthorized disclosure may result in civil and/or criminal penalties.

VT-86 Sabrehawk Information Sheet

(for Hail purposes only)

Hometown: _____ College attended: _____

Hobbies / Likes: _____

Dislikes: _____

Favorite Quote (or words to live by): _____

What would you like to be when you grow up? _____

Educational background: _____

Previous aircraft (including approx. # of hours): _____

Previous Commands (including time frame): _____

Service Schools attended: _____

Experience (Maintenance, Admin, Training, Safety, Operations, etc.): _____

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Enclosure (3)

IT CHECK-IN PROCEDURES

1. Report to the Admin Office and receive check-in documents. Complete all documents prior to leaving the Admin Office.

IT REQUIREMENTS

The following forms are required for IT processing:

- NMCI/TRANET ACCOUNT Check-In/Out Form
- TIMS ACCOUNT FORM
- SAAR Form OPNAV-5239/14

Once your forms are all completed and signed proceed to Bldg 3245, they will take the following forms from you:

- NMCI/TRANET ACCOUNT Form (sign only)
- SAAR Form OPNAV 5239/14
- DOD Cyber Awareness Challenge Certificate
- PII Certificate

NOTE:

- Part II of the SAAR form needs to be signed by the Admin Supervisor prior to checking into the IT Department.
- Part III of the SAAR forms needs to be signed by the Security Manager prior to checking into the IT Department. If the Squadron Security Manager is Unavailable, the Wing Security Manager can sign in the appropriate blocks.

Your TIMS Account form will be initialed and returned to you once your TRANET account is established.

Proceed to the Wing Admin Office, Room C227 (Bldg 1854) with your TIMS account form. They will take your form and populate your TIMS account and assign you to the proper syllabus.

At this point you should continue your check in process utilizing your Squadron check-in sheet.

PERSONNEL SUPPORT DETACHMENT PENSACOLA, FL

DEERS VERIFICATION

1. Go to the DEERS website: www.tricare.mil/DEERS
2. From the DEERS page, select: "Go to milConnect" (in the middle of the home page)
3. From the milConnect page, select: Sign In (on the right hand side, red button)
4. Click "OK" at the Consent to Monitor page
5. Select the tab "CAC" and then click "Login"
6. When prompted, select your identity certificate
7. Place cursor over the tab "My Profile" and select "Update and View My Profile"
 - From this page you can verify that all family members are in DEERS
 - If any family member is not in DEERS go to the PSD ID card office and have that family member entered in DEERS
 - From this page the addresses and phone numbers of all family members in DEERS can be verified and changes can be made
 - If any changes are made, ensure that they are submitted at the bottom of the page

Reset Form

Permanent Change Station (PCS) Travel Checklist

User: All military personnel on PCS travel.

Purpose: This checklist is required to be used by the Traveler (TVLR) and Command Pass Coordinator (CPC) to ensure travel claims are competed correctly and comply with the intent of the orders before submitting.

TVLR CPC

		Provide Initial orders (stamped/endorsed with no highlights)
		Do you have an order modification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide ALL modifications.
		Do you want your travel reimbursement to be deposited into your EFT/Direct Deposit account on file (the same bank/account that your paycheck is currently direct deposited) <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, you must also provide EFT Form NPPSC 1320/11.
		Signed 1351-2 (Travel Voucher) verify ALL blocks paying close attention to: Block 4 (full SSN is required) Block 5 (check all type of payments being requested) Block 10d (number of Privately Owned Vehicles (POVs) and the license plate information. Block 12 (a check in the appropriate box is required) Block 13 (must include the address of dependents on date of receipt of orders.) Block 14 (must be checked if applicable. A DITY move is considered a government move.) Block 15 (complete itinerary from the last permanent duty station (PDS) including all Intermediate stops and leave taken during PCS. If departing from a ship located at sea, start with (USS XXX at sea), then list first land area.) Block 16 (must be marked if traveled by POV). Block 18 (must include all reimbursable expenses i.e. lodging, taxi, tolls, TLE, etc.) Annotate control numbers for non-availability of government quarters in the remarks.
		Do you have dependents that moved? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following items: Page 2 (Pen and ink changes on old Page 2 with member's new signature and date) Dislocation Allowance (DLA) Statement
		If requesting Single DLA provide the following items: Orders stamped by the barracks to show you are not occupying BEQ /BOQ or the BAH Election Form (Page 13). Dislocation Allowance (DLA) Statement
		Temporary Lodging Expense (TLE) form plus daily itemized lodging receipt with a zero balance.
		All paid lodging and or other receipts from any TDY stops, even if an advance was paid.
		Is airline ticket claimed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide paid receipt and SATO endorsement.
		Is rental car claimed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide paid receipt and SATO endorsement.
Remarks:		
Member Signature:		Date:
CPC Signature:		Date:

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 of this information may result in both civil and criminal penalties. PRIVACY SENSITIVE.

FLIGHT INSTRUCTOR SCREENING

From: _____ (Medical Officer)	Date
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To: Commanding Officer, _____

Subj: RESULTS OF FLIGHT INSTRUCTOR SCREENING IN THE CASE OF:

Ref: (a) NAVEDTRA 135A
 (b) CNATRINST 3710.13G

1. The medical records review and interview required by references (a) and (b) has been conducted. Information does/does not currently exist which should be considered prior to CO interview.

 Signature of Medical Officer Date

2. The flight records review required by reference (b) has been conducted. Information does/does not currently exist which should be considered prior to CO interview.

 Signature of Aviation Safety Officer Date

3. _____ was interviewed and screened per reference (b) and is considered qualified for flight instructor duty.

 Signature of Commanding Officer Date

Copy to NATOPS Training Jacket

EMERGENCY DATA SHEET

SERVICEMEMBER NAME: _____

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. S301, 10 U.S.C. S6161; 10 U.S.C. S2774

Purpose: To assist in the management, supervision, and administration of personal services, benefits, and entitlement for Navy servicemembers and their dependents.

Routine uses: In addition to being used within the Department of the Navy and Department of Defense for the purpose indicated above, information from the Emergency Data Sheet may be released to officials and employees of the Veterans Administration in the performance of their official duties related to the eligibility, notification, and assistance in obtaining benefits by members, to officials and employees of Navy Relief and American Red Cross in the performance of their duties related to assistance of the members, their dependents and relatives, to state and local government agencies in the performance of their official duties related to assistance of members and dependents, when required by federal statute, by executive order, or by treaty, personal record information will be disclosed to the individual, organization, or government agency as necessary.

MANDATORY OR VOLUNTARY DISCLOSURE

Navy members must provide their identification data; names and addresses of next of kin is mandatory.

Providing all other information is voluntary.

If you do not provide all the information requested, military personnel responsible for assisting you and your dependents in the event of an emergency will have greater difficulty in assisting in providing benefits and entitlements.

Signed: _____ Date: _____

A. Servicemember and Spouse

1. Servicemember's name: _____
SSN: _____ Rank/Rate: _____

2. Spouse's name: _____
SSN: _____

3. Home address: _____
Spouse's address: _____

(If different from servicemember)

Give explicit directions to your home:

4. Home telephone number: _____

5. If spouse works, who is their employer: _____

a. Work telephone number: _____

b. Work address: _____

c. Work shift hours: _____

6. Religion and church affiliation:

a. Servicemember: _____

b. Spouse: _____

7. Spouse's weekly routine: _____

(i.e., does she/he regularly go somewhere every day or one day a week)

1. CACO (Casualty Assistance Calls Officer):

Consideration must be given to the availability of persons named; for example, deployments, transfers, or retirement. Husband and wife should discuss their choices and request permission of those named.

NAME	UNIT	PHONE (work/home)
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1 st	_____	_____
2 nd	_____	_____
3 rd	_____	_____

2. In the event of serious injury or death to the servicemember (or spouse), who do you wish to accompany the Navy representative when the initial call is made (i.e., friend, local relative)?

NAME	ADDRESS	PHONE
1 st	_____	_____
2 nd	_____	_____
3 rd	_____	_____

Is there anyone you (spouse) do NOT want to see at this time? YES/NO

3. Would you (spouse) like to have a clergyman/chaplain present during notification?
YES/NO

If a specific clergyman is desired, please give name and church.

4. Do you (spouse) or a member of your family have a medical problem that may require a physician during notification? YES/NO

If so what? _____

5. Names of friends or relatives in the local area who you (spouse) want notified first after the arrival of the official party:

NAME	PHONE
_____	_____
_____	_____

6. Are there any elderly dependents residing at your home address or at a nearby convalescent home? YES/NO

NAME	RELATIONSHIP	ADDRESS
_____	_____	_____
_____	_____	_____

Can they be of help? YES/NO

7. Notification if you (spouse) are away from the local area:

a. A clergyman of your choice in your hometown? YES/NO

Name: _____
 Address/phone: _____
 Church: _____
 Address/phone: _____

b. Neighbor/friend/relatives? YES/NO

Name: _____
 Address: _____
 Phone: _____

c. Local military representative in the area? YES/NO

C. Parents and In-laws

1. Servicemember's parents: _____
 Address: _____
 Phone: _____

2. Servicemember's close relatives: _____

NAME ADDRESS PHONE:

3. Spouse's parents: _____

Address: _____

Phone: _____

4. Spouse's close relatives: _____

Address: _____

Phone: _____

5. How would you like (Servicemember) want your parents or next of kin to be notified?

a. Local military representative in their area? YES/NO

b. A telephone call from your spouse, if applicable? YES/NO

c. A telephone call from some other local source? YES/NO
(i.e., Chaplain, CO, friend)

If so, who? Give name, address, and phone

d. A personal visit from another family member, clergyman, or friend in their area?
YES/NO

If so, who? (Name, address, phone and relationship to parents)

6. How would you (spouse) want your parents or next of kin to be notified?

a. Local military representative in their area? YES/NO

b. A telephone call from your spouse (servicemember)? YES/NO

c. A telephone call from some other local source? YES/NO
(i.e., Chaplain, CO, CO's wife, friend)?

If so, who? Give name, address and phone

d. A personal visit from another family member, clergyman, or friend in their area?
 YES/NO

If so, who? Give name, address, phone and relationship to parents

7. Are there any medical considerations that would require a physician during notification? YES/NO (i.e., heart, hearing or seeing problems, high blood pressure)

If there is a problem, be specific about what it is, which parent and include any information you consider valuable (i.e., the name of the family physician, clergyman)

D. Children

NAME	AGE	SCHOOL	GRADE
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1. Are children bused to school? YES/NO

(Give bus numbers): _____

2. Are children in a car pool? YES/NO

Names and phone numbers of people in car pool:

3. Names of children (if out of area), school, address and phone.

NAME	AGE	SCHOOL	GRADE
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4. Children's babysitter(s) (daily or frequent sitters):

NAME	ADDRESS	PHONE	HOURS
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5. List any special medical conditions of the children that those providing assistance should be aware of (i.e., allergies, allergy shots, insulin therapy, physical therapy):

6. Do you wish to have temporary care of dependents? YES/NO

NAME ADDRESS PHONE

7. If both you and your spouse should be in an accident while your children are in the care of another, are there any immediate wishes for their care: YES/NO

a. Would you want your children to remain with the babysitter or would you prefer to have a friend called to stay with them until a relative arrives?

b. Any important information that should be known (i.e., a favorite toy, favorite foods)?

E. Additional Pertinent Information

1. In case of death of both husband and wife or single servicemember:

a. Location of Will and Last Testament (be specific):

2. If personal effects are located other than in a personal residence, list effects and location:

3. Who has access/key to your home?

4. Pets? YES/NO

a. Type and name: _____

b. Location: _____

c. Feeding habits: _____

d. Boarding instructions: _____

e. Veterianarian: _____

5. Cars (give make, color, year, state license number, and storage location if applicable):

If you (spouse) plan any extended trips away from home, while the servicemen is away from the local area it will be to your advantage to ensure that the CO's or XO's wife has the following information:

Departure/return dates, mode of travel/flight number, license plates/description of your car/route, address/phone numbers of potential visits/duration, who has key to home/access?