

**COLLEGE OF
MARITIME OPERATIONAL WARFARE
(CMOW)**



Student In-Processing Information Booklet

Dean, College of Maritime Operational Warfare

Welcome



Welcome to the College of Maritime Operational Warfare, whether you are here for the Maritime Staff Operators Course or the Maritime Operational Planners Course, you will be challenged to broaden your maritime operational level of war expertise over the next several weeks. These courses are paramount in providing you the building blocks as future Navy staff officers and planners, to ensure that our Navy will prevail over our adversaries.

We are here to provide you with a world class learning experience. I hope you will engage our staff and faculty on any issue so we might provide you with the best support and education. Welcome to Newport!

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael S. White'.

Michael S. White

PRIVACY ACT

The forms contained in this packet are required to properly process you as a student in MSOC. In some cases, the information requested is considered Personally Identifiable Information (PII). In accordance with the Privacy Act of 1974 (PL-93-579), federal agencies must inform individuals who are requested to furnish information about themselves as to the requested facts. The principal purpose of requesting the PII is to provide information required to legally pay advances to Navy personnel.

Routine use: Service member provides information about PCS, TAD, Discharge, Retirement or Separation travel. The Disbursing Officer will verify entitlement and pay and request travel advances. Disclosure of information is voluntary. If the member does not provide the requested information, payment will not be made.

ALL MEMBERS MUST READ THE ABOVE STATEMENT

NAME _____

CLASS NUMBER _____

ARRIVAL IN NEWPORT (DATE): _____

All students: This is a checklist of items to see if you have completed or need assistance in completing.

1. _____ Original orders – if CNA is issued, you must include CNA from Navy Gateway Inns and Suites or the Navy Lodge
2. _____ NAVPERS 1070/602 (Page 2) Dependent Application/Record of Emergency Data – must provide if requesting the following:
 - * Travel for Dependents
 - * Advance DLA
 - * FSA (Family Separation Allowance)
3. _____ TDY Advance Request FILLED OUT IN ITS ENTIRETY.

Students from Overseas Command

4. _____ Vacate government housing letter (if applicable)

Students Transferring from Overseas to Overseas Commands

5. _____ Continuation of Overseas allowance letter (if applicable).

ALL PERSONNEL, PLEASE FILL OUT COMPLETELY:

DO YOU REQUIRE ANY OF THE FOLLOWING? PLEASE READ CAREFULLY!

1. Do you need a NO-FEE PASSPORT (brown) for follow-on travel? Y _____ OR N _____. (Not a blue tourist passport.)
2. Do you need airline tickets*** for follow-on travel? Y _____ or N _____.

***If yes, complete PRR. If no, state where your ticket is being processed: _____

NO-FEE PASSPORT NUMBER: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

If executing a PCS move overseas with dependents, do your dependents have their required travel documentation? Passports, VISAs?
Y _____ or N _____

ARE YOU GOING TO ITALY/SPAIN/GERMANY? Y _____ or N _____
IF YES, DO YOU ALREADY PERSONNALLY POSSESS NATO ORDERS (DOCUMENT WRITTEN IN ITALIAN)? Y _____ or N _____

CHECKLIST

Top Half of Checklist Form

Step 1: Complete Name

Step 2: Class Number

Step 3: Arrival Date (Date/Time checked into lodging)

Step 4: Initial blocks 1-5

Bottom Half of Checklist Form;

Step 5: Do you have a No Fee Passport requirement? Y/N

Step 6: Do you require Airline tickets for follow-on travel? Y/N

Step 7: Do you have a NATO Order requirement? Y/N

PSD NEWPORT TDY ARRIVAL SHEET

NAME _____ RANK _____ SSN _____

PREVIOUS DUTY STATION

DATE DETACHED LAST COMMAND _____

PHYSICAL LOCATION AT TIME OF DETACHMENT _____

IF OCONUS LOCATION WHERE YOU ENTERED THE UNITED STATES _____

PLEASE COMPLETE METHOD/DATES OF TRAVEL TO NEWPORT RI

DETACH DATE	REPORT DATE	MODE OF TRAVEL	FROM (CITY/STATE)	TO (CITY/STATE)

NEWPORT TDY INFORMATION

DATE CHECKED INTO LODGING	CLASS CONVENING DATE	CLASS GRADUATION DATE

TRAVEL TO NEXT I-STOP

CHECK THE ONE THAT APPLIES TO YOU

☐

I HAVE A TICKET ALREADY.

☐

I REQUIRE A CHANGE TO MY TICKET DUE TO AN ORDMOD. BRING YOUR CURRENT ITINERARY TO ADMIN

☐

I REQUIRE A TICKET TO MY NEXT COMMAND/ISTOP. MUST GO TO YOUR ADMIN TO FILL OUT TICKET REQUEST.

☐

I WILL TRAVEL TO MY NEXT COMMAND/ISTOP BY POV.

EMAIL ADDRESS _____ PHONE NUMBER _____

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 or criminal penalties. PRIVACY SENSITIVE.

PERSUPPDETNPT 1060/11 (6/13)

PSD ARRIVAL SHEET

Step 1: Provide Full Name, Rank, and Full SSN.

Step 2: Provide the date detached from your last command. This date must match the Detach Date in the “Method/Dates of Travel to Newport” section.

Step 3: Physical Location at time of detachment (city/state). This location must match what is identified in the “Method/Dates of Travel to Newport” section.

Step 4: Report Date must match the date checked into lodging.

Step 5: Identify your Mode of Travel, for example;

POV – Private Owned Vehicle

CA – Commercial Air

GA – Government Air

Step 6: In the Newport TDY Information section, please annotate your Date Checked into Lodging, Class Convening Date and your Class Graduation Date.

Step 7: In the Travel to Next I-Stop section, select what applies to you.

Step 8: Provide your email address and contact number.

APPLICATION FOR TRANSFER AND ADVANCES

NPPSC 1300/1 (Rev. 04-2020)

Supporting Directive NPPSCINST 5213.1B

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013, Secretary of the Navy; E.O. 9397 (SSN), as amended.**PURPOSES:** To help the command pay and personnel administrator (CPPA) and supporting personnel support detachment (PSD)/transfer office simplify and explain permanent change of station (PCS) entitlements by advising Service members of available travel options and also to ensure compliance with the directives contained in PCS orders.**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. This routine use applies to Department of Defense (DoD) and Department of the Navy (DON) personnel who facilitate PCS transfers and advances for Service members.**DISCLOSURE:** Mandatory. Failure to provide required information may inhibit timely PCS transfer of Service members.

General Information (to be completed by CPPA)

1. Rate/Rank:	2. Name (Last, First, MI):	3. SSN (Full):	4. Date:
5. 1st Intermediate Activity (TAD/TDY) UIC:	6. Rpt NET Date:	7. Rpt NLT Date:	8. Ultimate Duty Station UIC:
9. Rpt NLT Date:			
10. Authorized Leave Days:	11. Authorized Proceed Time:	12. Authorized Travel Days:	12. Authorized Privately Owned Vehicle (POV): AIR:

Service Member PCS Information (to be completed by Service member)

13. Requested Transfer Date:	14. Estimated Date of Travel:
15. Personal Phone Number:	16. Personal E-mail Address:
17. Physical Mailing Address: (P.O. Box Not Authorized)	

Dependent Information (Additional dependent information may be provided on page 3.)

18. Dependency Status (select one):			
<input type="checkbox"/> Single, No Dependents	<input type="checkbox"/> Single, With Dependents	<input type="checkbox"/> Married with Dependents	<input type="checkbox"/> Married, Military to Military
a. Dependents Location (City & State):		b. Dependents Relocation (City & State):	
c. Dependent Name (Last, First, MI)	Relationship	Date of Marriage/Birth	Date of Travel

Travel Plans (to be completed by Service member)

19. I intend to travel by (select all that apply):	20. My dependent(s) intend to travel by (select all that apply):
<input type="checkbox"/> Privately Owned Automobile/Motorcycle	<input type="checkbox"/> Privately Owned Automobile/Motorcycle
<input type="checkbox"/> Government Provided Air Travel	<input type="checkbox"/> Government Provided Air Travel
<input type="checkbox"/> Commercial Air Travel (Reimbursement not to exceed Government rate)	<input type="checkbox"/> Commercial Air Travel (Reimbursement not to exceed Government rate)
<input type="checkbox"/> Other (Please specify):	<input type="checkbox"/> Other (Please specify):

If Government Provided Air Travel is elected or directed the Service member must complete [NPPSC 4650/1 Passenger Reservation Request \(PRR\)](#) and [DD 884 Application for Transportation for Dependents](#) for applicable dependents.

Service members and dependents stationed OCONUS perform transoceanic travel in execution of PCS orders and Government Air/ Government Procured Air is directed. Self-procurement Service members must state authorized vice directed for reimbursement purposes.

21. POV Information (select one):

<input type="checkbox"/> No POV	I do not intend to drive a POV to my next duty station.
<input type="checkbox"/> 1 POV	Service member is authorized mileage rates for utilizing his or her own POV.
<input type="checkbox"/> 2 POV	Service member authorized travel for his or her dependent(s) can be reimbursed for the use of two POVS.
<input type="checkbox"/> 3 or more POVS	More than two POVS used for permanent duty travel, within the same household, may be authorized or approved by submitting a request to OPNAV (N130) via e-mail at NXAG_N130C@navy.mil . Reference JTR 050203 . POV Shipment: Shipment of one POV is authorized in conjunction with the PCS and Service member will only be provided transportation to pick up one POV shipped at Government expense.

22. Sponsorship

<input type="checkbox"/> I have contacted my sponsor about my PCS move and to assist me with making a final decision on my request for advances.
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23. Registration Fees

<input type="checkbox"/> My orders require a registration fee for a conference, class, etc.

Reset Form

Print Form

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PRIVACY SENSITIVE

Travel Advance Request

Only complete the blocks mentioned below:

Step 1: Blocks 1-4 (Full SSN required)

Step 2: Blocks 13 and 14 the transfer date and date of travel will be the date you depart Newport

Step 3: Blocks 15-17 please put in your phone #, email and mailing address

APPLICATION FOR TRANSFER AND ADVANCES
NPPSC 1300/1 (Rev. 04-2020)

Supporting Directive NPPSCINST 5213.1B

Travel Advance Requests (to be completed by Service member)

24. Government Travel Charge Card (GTCC) (select one):

☐ I INTEND TO USE MY GTCC.

☐ I WILL NOT USE MY GTCC.

25. Advance PCS Travel (select all that apply):

**** Ensure you complete [PCS Entitlement Calculator](#) with your CPPA. ****

***** Must be submitted to the Travel Claim Processing Center No Earlier Than 60 days but No Later Than 30 days from Departure Date. *****

☐ Mileage for Service member

☐ Mileage for Dependent(s)

☐ Flat Per Diem for Service member

☐ Flat Per Diem for Dependent(s)

☐ I DO NOT WANT ANY ADVANCES FOR SERVICE MEMBER OR DEPENDENT PCS TRAVEL.

26. Advance Dislocation Allowance (DLA) (select one):

☐ Single Dislocation Allowance (DLA) (E-5 and below Service members see line item 26 of provided instructions.)

☐ Dependent Dislocation Allowance (DLA)

☐ I DO NOT WANT ADVANCE SINGLE OR DEPENDENT DLA.

27. Advance TAD/TDY Travel (select all that apply):

**** Must be submitted to the Travel Claim Processing Center No Earlier Than 60 days but No Later Than 30 days from Departure Date. ****

☐ TAD/TDY Per Diem; reservation confirmation/Certificate of Non-availability (CNA) is required for all lodging

TAD/TDY Start Date:

TAD/TDY End Date:

☐ Auto rental; reservation confirmation is required via SATO.

☐ Registration fee (orders that require registration to a conference or class)

Amount of Registration Fee:

☐ I DO NOT WANT ANY ADVANCES FOR TAD/TDY TRAVEL.

28. Advance for Household Goods (HHG) Shipment (select one):

☐ I request an advance for a personally procured move (PPM), formerly known as a do-it-yourself (DITY) move.
See Advance for HHG Note below for procedures to request advance.

☐ I DO NOT WANT AN ADVANCE FOR HHG SHIPMENT/PPM.

29. Advance Basic Pay (select one):

☐ I request advance basic pay. I understand this is a separate entitlement from advance travel and must be repaid.

☐ I DO NOT WANT ADVANCE BASIC PAY.

For Advance Basic Pay: Complete [DD 2560 Advance Pay Certification/Authorization](#)

30. Electronic Funds Transfer/Direct Deposit Information (select one):

☐ I request my advance(s) to be deposited in to my direct deposit account of file, the same account my pay checks are direct deposited.

☐ I request my advance(s) to be deposited in to a different account. **Please provide accurate bank account information below.**

a) Name of Bank:

d) Account Type (Select One):

b) Routing Number:

c) Account Number:

☐ Savings

☐ Checking

Ensure you have provided the correct EFT information because this is the account advance(s) will be deposited.

Certification of Request(s) for Advances and PCS Requirements

I understand that in the event my entitlement is less than the amount for advance travel or the advance for PPM, the difference is a collectible indebtedness due to the Government and will be collected immediately per [DoD FMR Vols 9 and 16](#). Payment of travel advances will be no earlier than 10 days from the estimated date of travel. I further understand that per my BUPERS orders that I am required to provide check-in documents within 4 days of arrival to the designated CPPA at my new permanent duty station. **Check-in documents include, but are not limited to:**

- Endorsed orders and all order modifications
- All receipts of \$75 or more

- DD 1351-2 Travel Voucher/Subvoucher
- All receipts for lodging

- All flight itineraries
- All receipts for reimbursable expenses

I certify that I have met all requirements for my PCS orders.

31. Service member Name (Last, First, MI):

32. Service member Signature:

33. Date:

I certify the Service member has met all requirements for his or her PCS orders.

34. CPPA Name and Rate/Rank:

35. CPPA Signature:

36. Date:

Command Endorsement

37. Approved Transfer Date:

38. Commanding Officer or Designee Name:

39. Commanding Officer or Designee Signature:

40. Date:

Reset Form

Print Form

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Travel Advance Request

Only complete the blocks mentioned below:

Step 1: In Block 24, select that you will or will not use your GTCC (Government Travel Card)

Step 2: Block 25, select the appropriate category for your situation. If you would like advanced mileage you will select both the "Mileage block and the Flat Per Diem" block.

Step 3: Block 26, If you do not want any advances for DLA please check the "I do not want any advances for Single or Dependent DLA" box

Step 4: Block 27 for meals and lodging select "TAD/TDY Per diem". The start date is the date you checked into lodging and the end date is the date you are check out. If you wish to claim advance for rental car select "Auto Rental".

Step 5: Blocks 28 and 29 – do not apply to your time at CMOW

Step 6: Blocks 30 please check either you would like the advance to go direct deposit or a different account (provide new account information: Name of Bank, Routing Number, Account Number, Account Type-Savings/Checking).

Step 7: Block 31-33 please print and sign your name and date

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)

PRIVACY ACT STATEMENT

AUTHORITY: Title 37, U.S. Code, Section 427.
PRINCIPAL PURPOSE: To evaluate member's application for FSA.
ROUTINE USES: a. Serves as substantiating document for FSA payments and input into the member's pay account.
b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.
c. Provides a record in service member's pay account and for safekeeping.
DISCLOSURE: Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.

1. NAME OF MEMBER (Last, First, Middle Initial)	2. GRADE	3. SOCIAL SECURITY NUMBER	4. BRANCH AND ORGANIZATION
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PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA

5. TYPE II (X as applicable) <input checked="" type="checkbox"/> FSA-T (Temporary) <input type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship)	6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)
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7. DATE (DDMMYY) DEPARTED RESIDENCE TO UNIT HOME STATION (Mobilized Members)

8. I CERTIFY TO THE FOLLOWING FACTS (X applicable box(es))

- ☐ a. I am not divorced or legally separated from my spouse.
☐ b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.
☐ c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty.
☐ d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.
☐ e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.
☐ f. I am married to another military member currently serving on active duty and my spouse ☐ was ☐ was not residing with me immediately before being separated by execution of my military orders.
Spouse's SSN: _____ Branch and Component: _____
☐ g. My last TDY or deployment, if any, ☐ was ☐ was not within the last 30 days from this TDY or deployment.

9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.

a. DATE (DDMMYY)	b. SIGNATURE OF MEMBER
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PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW

10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. (Attach a blank page for continuation if necessary.)

a. LOCATION	b. INCLUSIVE DATES OF TDY/T (From/To)	c. NO. OF DAYS

11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ on _____
(Last permanent duty station) (DDMMYY)
and was on leave en route _____, proceed time _____
(Inclusive leave dates - DDMMYY) (Inclusive dates)
and the member reported to _____ on _____. Transportation of
(PDS) (DDMMYY)
dependent(s) is not authorized at government expense to this station or to a place near this station.

12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing (DDMMYY) _____.

a. NAME OF SHIP/UNIT	b. HOMEPORT
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13. Travel performed under authority of orders _____, dated _____.

14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.

15. DATE (DDMMYY)	16. CERTIFYING OFFICER	
	a. TYPED NAME (Last, First, Middle Initial) Morin, Jeffrey, L., CDR, USN	b. TITLE Director, Military Personnel
	c. ORGANIZATION Naval War College	d. SIGNATURE

FAMILY SEPARATION ALLOWANCE

Step 1: Complete blocks 1-4 and provide full name and SSN.

Step 2: Please select FSA-T in block 5.

Step 3: Clearly print the address where your dependents are currently located.

NOTE: This address must match your RedDA Page 2

Step 4: Date departed the address indicated in block 6.

Step 5: In block 8, select each box that applies to your situation (must include block G).

Step 6: In block 9, review, date, and sign.

NOTE: Do not complete anything in Part II, unless you are a Reservist. Per OSO guidance, all reservists, complete as indicated on your orders