

**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,

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

RANK/NAME _____

MSOC or MOPC _____

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)

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

- ☐ I have contacted my sponsor about my PCS move and to assist me with making a final decision on my request for advances.

23. Registration Fees

- ☐ My orders require a registration fee for a conference, class, etc.

Reset Form

Print Form

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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

<https://www.mynavyhr@navy.mil/References/Forms/NPPSC-Forms>

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

- DD 1351-2 Travel Voucher/Subvoucher

- All flight itineraries

- All receipts of \$75 or more

- All receipts for lodging

- 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 **(CONTINUED)**

Only complete the blocks mentioned below:

Step 1: In Block 24, select the appropriate category for your situation. If you are requiring a TAR you will need to select "I WILL NOT USE MY GTCC". If you are not requesting a TAR then you need to select "I INTEND TO USE MY GTCC"

Step 2: In Block 25, If you would like advanced mileage you will select both the "Mileage block and the Flat Per Diem" block. If you do not want any advances for mileage please check the "I DO NOT WANT ANY ADVANCES FOR PCS TRAVEL" box

Step 3: In Block 26, if you would like advance single DLA or Dependent DLA please chose based on your situation. If you DO NOT want DLA please chose "I DO NOT WANT ADVANCE SINGLE OR DEPENDENT DLA"

Step 4: In 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 checking out. If you wish to claim advance for rental car select "Auto Rental"

Step 5: In Block 28, please chose "I DO NOT WANT ADVANCE FOR HHG SHIPMENT"

Step 6: In Block 29, please chose "I DO NOT WANT ADVANCE BASIC PAY"

Step 7: In Block 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 8: In Block 31-33 please Print and Sign your name, and date

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)**PRIVACY ACT STATEMENT****AUTHORITY:** 37 U.S.C. 427, Family separation allowance.**PURPOSE:** To substantiate payment of Family Separation Allowance (FSA); provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments; and provides a record in service member's pay account.**ROUTINE USES:** To the Treasury Department to provide information on check issues and electronic funds transfers. To Federal, state, and local governmental agencies in response to an official request for information with respect to law enforcement, investigatory procedures, criminal prosecution, civil court action and regulatory order. Additional routine uses can be found within the applicable system of records notices, T7344, Defense Joint Military Pay System-Reserve Component; T7340, Defense Joint Military Pay System-Active Component; and M0104-3, Marine Corps Manpower Management Information System Records, located at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>**DISCLOSURE:** Voluntary; however, if requested information is not provided, FSA will not be considered.

1. NAME OF MEMBER (Last, First, Middle Initial)	2. GRADE	3. DoD ID 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 type="checkbox"/> FSA-T (Temporary) <input type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship)	6. DATE (DDMMYY) DEPARTED RESIDENCE TO UNIT HOME STATION (Mobilized Members)
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7. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)**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 DoD ID number _____ 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 _____ (Last permanent duty station) on _____ (DDMMYY) and was on leave en route _____ (Inclusive leave dates - DDMMYY), proceed time _____ (Inclusive dates) and the member reported to _____ (PDS) on _____ (DDMMYY). Transportation of 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. CERTIFYING OFFICER

a. TYPED NAME (Last, First, Middle Initial) Fernandez, Christopher E. LT, USN	b. TITLE Deputy Director, Military Personnel	16. DATE (DDMMYY)
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 RED/DA 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***

<https://www.dfas.mil/Portals/98/dd1561.pdf>

BRIEFING/REBRIEFING/DEBRIEFING CERTIFICATE

SECTION A - GENERAL

1. NAME: _____

2. DUTY POSITION: _____

3. PHONE NUMBER: _____

4. ORGANIZATION: _____

5. ADDRESS: Naval War College
686 Cushing Rd
Newport RI 02841-1207

SECTION B - BRIEFING

6. I certify that I have (read) (been briefed) and fully understand the procedures for handling (COSMIC) (ATOMAL) (NATO SECRET) (NATO CONFIDENTIAL) material and am aware of my responsibility for safeguarding such information and that I am liable to prosecution under Sections 793 and 794 of Title 18, U.S.C., if either by intent or negligence I allow it to pass into unauthorized hands.

7. SIGNATURE OF INDIVIDUAL: _____ DATE: _____

8. SIGNATURE OF BRIEFER: _____ DATE: _____

SECTION C - ATOMAL REBRIEFING

9. I certify that I have been rebriefed and fully understand the procedures for handling ATOMAL material and am aware of my responsibility to safeguard such information.

SIGNATURE AND DATE

SIGNATURE AND DATE

SECTION D - DEBRIEFING

10. I have been debriefed for (COSMIC) (ATOMAL) (NATO SECRET) (NATO CONFIDENTIAL) and I understand that I must not disclose any classified information which I have obtained in my assignment to this organization or in connection therewith. I also understand that I must not make any such classified information available to the public or to any person not lawfully entitled to that information. I further understand that any unauthorized disclosure of such classified information, whether public or private, intentional or unintentional, will subject me to prosecution under applicable laws.

SIGNATURE OF INDIVIDUAL: _____ DATE: _____

SIGNATURE OF CONTROL OFFICER: _____ DATE: _____

NORTH ATLANTIC TREATY ORGANIZATION (NATO) SECURITY BRIEFING

Upon being granted authorization to access North Atlantic Treaty Organization (NATO) classified information, I acknowledge by my signature below that I am aware of the following requirements, which must be followed regarding the use of NATO classified information:

1. **NATO:** The acronym is applied to classified information that represents military, political, and economic data, circulated with NATO and by NATO, regardless if the information originates within the organization itself, or is received from a member nation(s).
2. **MARKING:** NATO classified material is conspicuously identified by marking "NATO" on the top and bottom of the material in addition to the overall classification of the document (e.g., SECRET/NATO). This signifies that the document is the property of NATO. A TOP SECRET document that is NATO is marked and identified as "TOP SECRET/COSMIC." When NATO information is considered "UNCLASSIFIED," the document is marked "NATO/UNCLASSIFIED".
3. **PREPARATION:** Except for COSMIC TOP SECRET material, permission is not required for inclusion of references, extracts, or paraphrases taken from other NATO classified documents, when necessary for contractor generated documents in the performance of a NATO contract. When NATO classified information is included in other documents, the NATO classified information must be identified within the document by marking each paragraph with the appropriate NATO marking, such as "S-NATO." In addition, a statement will be included on the cover or first page that reads, "THIS DOCUMENT CONTAINS NATO (*insert classification level*) INFORMATION."
4. **REPRODUCTION:** Reproduction of NATO material is authorized in accordance with present procedures. In the case of COSMIC TOP SECRET information, the contractor shall forward reproduction requests to the Central U.S. Registry (CUSR) for approval.
5. **ACCESS:** Access to NATO classified information is granted to U.S. citizens having a need-to-know and a final government security clearance. Access is not granted to immigrant aliens, regardless of clearance. An interim TOP SECRET clearance is valid for access at the SECRET and CONFIDENTIAL level only. U.S. citizens who require access to NATO RESTRICTED information must have a need-to-know for the information, but a security clearance is not required.
6. **STORAGE:** All NATO material, regardless of classification, must be stored in a container approved for the storage of TOP SECRET, SECRET or CONFIDENTIAL information, as applicable. All NATO material shall be stored separately (to the extent possible) within an approved container. The combination to the container or storage facility must be changed annually or earlier if an individual having knowledge of the combination transfers or terminates employment.
7. **TRANSMISSION:** When SECRET or CONFIDENTIAL NATO classified information is prepared for transmission, the inner container must be marked "NATO," in addition to the overall classification. TOP SECRET information is marked "COSMIC" in addition to being marked TOP SECRET. Transmission of NATO SECRET or NATO CONFIDENTIAL material within the U.S. and its territories must be mailed via U.S. Registered Mail. Documents classified NATO RESTRICTED shall be packaged and mailed as U.S. First Class Mail, and may be single wrapped.
8. **DESTRUCTION:** NATO documentation may be destroyed in accordance with existing procedures, unless otherwise indicated by the releasing agency.
9. Only individuals who have been given this briefing are authorized to have access to NATO classified information, to include the combination of containers where the material is stored.

CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN

AND THE UNITED STATES

(Name of Individual - Printed or typed)

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 13526, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in sections 1.1, 1.2, 1.3 and 1.4(e) of Executive Order 13526, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.

4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of sections 641, 793, 794, 798, *952 and 1924, title 18, United States Code; *the provisions of section 783(b), title 50, United States Code; and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of classified information not consistent with the terms of this Agreement.

6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

7. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of sections 793 and/or 1924, title 18, United States Code, a United States criminal law.

8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.

9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

10. These provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling.

(Continue on reverse.)

11. These restrictions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by Executive Order No. 13526 (75 Fed. Reg. 707), or any successor thereto section 7211 of title 5, United States Code (governing disclosures to Congress); section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); section 2302(b) (8) of title 5, United States Code, as amended by the Whistleblower Protection Act of 1989 (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that could expose confidential Government agents); sections 7(c) and 8H of the Inspector General Act of 1978 (5 U.S.C. App.) (relating to disclosures to an inspector general, the inspectors general of the Intelligence Community, and Congress); section 103H(g)(3) of the National Security Act of 1947 (50 U.S.C. 403-3h(g)(3) (relating to disclosures to the inspector general of the Intelligence Community); sections 17(d)(5) and 17(e)(3) of the Central Intelligence Agency Act of 1949 (50 U.S.C. 403g(d)(5) and 403q(e)(3)) (relating to disclosures to the Inspector General of the Central Intelligence Agency and Congress); and the statutes which protect against disclosure that may compromise the national security, including sections 641, 793, 794, 798, *952 and 1924 of title 18, United States Code, and *section 4 (b) of the Subversive Activities Control Act of 1950 (50 U.S.C. section 783(b)). The definitions, requirements, obligations, rights, sanctions, and liabilities created by said Executive Order and listed statutes are incorporated into this agreement and are controlling.

12. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this agreement and its implementing regulation (32 CFR Part 2001, section 2001.80(d)(2)) so that I may read them at this time, if I so choose.

* NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

SIGNATURE

DATE

SOCIAL SECURITY NUMBER (See Notice below)

ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND, IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER) (Type or print)

WITNESS		ACCEPTANCE	
THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.		THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.	
SIGNATURE	DATE	SIGNATURE	DATE
NAME AND ADDRESS (Type or print)		NAME AND ADDRESS (Type or print)	

SECURITY DEBRIEFING ACKNOWLEDGEMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE

DATE

NAME OF WITNESS (Type or print)

SIGNATURE OF WITNESS

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Public Law 104-134 (April 26, 1996). Your SSN will be used to identify you precisely when it is necessary to certify that you have access to the information indicated above or to determine that your access to the information indicated has been terminated. Furnishing your Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent you being granted access to classified information.

NAVAL HEALTH CLINIC NEW ENGLAND REGISTRATION WORKSHEET

This worksheet must be completed and legible in order to complete your registration/it is destroyed once entered into our electronic healthcare system

SPONSOR INFORMATION

Name: (Last, First MI)		DOB: (i.e. 11SEP1981)		SSN:	
Race:		Ethnic Origin:		Religion:	
Marital Status:		Advance Directive: (i.e. Living Will) YES/NO Location?		Organ Donor YES or NO	
Branch: (CIRCLE) USN USA USAF USMC USCG FOREIGNMIL	Rank:	Status: AD RES RET NG CADET RECRUIT/APPLICANT AD-RES RES-TRAINING			
Sex: MALE FEMALE		Current Local Home Address:		Home Phone:	Cell Phone:
Emergency POC Name/Relationship:		Address:		Phone:	
Next of Kin Name/Relationship:		Address:		Phone:	

Command Information

Command Name: Naval War College		Address: 686 Cushing Road Newport, RI 02841			
Phone: 401-841-3685	Student: YES/NO	Class #:	UIC: 30486	Rotation Date:	

SPOUSE INFORMATION

This worksheet is subject to the Privacy Act 1974

Name:	DOB: (i.e. 11SEP1981)	SSN:
Marital Status:	Spouse #: 1 2 3 4	Organ Donor: YES or NO
Race:	Ethnic Origin:	Religion:
Address if different from above:		Phone:
Emergency Contact/Relationship:	Address:	Phone:
Next of Kin/Relationship:	Address:	Phone:
Advance Directive: YES/NO (i.e. Living Will)	If Yes, location:	Drug Allergies:

CHILDREN INFORMATION

	Child (01) M/F	Child (02) M/F	Child (03) M/F
Name:			
DOB: (i.e. 11SEP1981)			
SSN:			
Ethnic Origin:			
Race:			
Religion:			
Emergency POC: Name/Relationship Address if Different			

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)**PRIVACY ACT STATEMENT****AUTHORITY:** 37 U.S.C. 427, Family separation allowance.**PURPOSE:** To substantiate payment of Family Separation Allowance (FSA); provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments; and provides a record in service member's pay account.**ROUTINE USES:** To the Treasury Department to provide information on check issues and electronic funds transfers. To Federal, state, and local governmental agencies in response to an official request for information with respect to law enforcement, investigatory procedures, criminal prosecution, civil court action and regulatory order. Additional routine uses can be found within the applicable system of records notices, T7344, Defense Joint Military Pay System-Reserve Component; T7340, Defense Joint Military Pay System-Active Component; and M0104-3, Marine Corps Manpower Management Information System Records, located at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>**DISCLOSURE:** Voluntary; however, if requested information is not provided, FSA will not be considered.

1. NAME OF MEMBER (<i>Last, First, Middle Initial</i>)	2. GRADE	3. DoD ID NUMBER	4. BRANCH AND ORGANIZATION
---	-----------------	-------------------------	-----------------------------------

PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA**5. TYPE II** (*X as applicable*)☐ FSA-T (Temporary) ☐ FSA-R (Restricted) ☐ FSA-S (Ship)**6. DATE** (*DDMMYY*) **DEPARTED RESIDENCE TO UNIT HOME STATION** (*Mobilized Members*)**7. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)****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 DoD ID number _____ 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****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 _____ (*Last permanent duty station*) on _____ (*DDMMYY*) and was on leave en route _____ (*Inclusive leave dates - DDMMYY*), proceed time _____ (*Inclusive dates*) and the member reported to _____ (*PDS*) on _____ (*DDMMYY*). Transportation of 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**

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. CERTIFYING OFFICER**a. TYPED NAME** (*Last, First, Middle Initial*)

Gassaway, Cory, N

b. TITLE

Director, Reserve Management/Operational Support Officer

c. ORGANIZATION

Naval War College

d. SIGNATURE**16. DATE** (*DDMMYY*)

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

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

NAVAL WAR COLLEGE/30486

SUBJECT:

LUMP-SUM PAYMENT FOR ACCRUED LEAVE

☒ PERMANENT☐ TEMPORARY

AUTHORITY (IF PERMANENT):

TSC HAMPTON ROADS

LEAVE CARRY OVER

_____: I, _____ understand by signing this Page 13 I will carry over all
(DDMMYY) (Print Full Name)

remaining leave on my current AT/ADT orders _____ ending on _____.
(SDN #) (DDMMYY)

WITNESSED: Desiral Guillory
(Admin/Manpower Sup.)

(Member's Signature)

LEAVE SELL BACK

_____: I, _____ understand by signing this Page 13 that I am electing to sell
(DDMMYY) (Print Full Name)

back all remaining remaining leave on my current AT/ADT orders _____ ending on _____.
(SDN #) (DDMMYY)

WITNESSED: _____
(Admin/Manpower Sup.)

(Member's Signature)

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

USNR

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

ADMINISTRATIVE REMARKS

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SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

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LUMP-SUM PAYMENT FOR ACCRUED LEAVE

☒ PERMANENT☐ TEMPORARY

AUTHORITY (IF PERMANENT):

TSC HAMPTON ROADS

LEAVE CARRY OVER

_____: I, _____ understand by signing this Page 13 I will carry over all
(DDMMYY) (Print Full Name)

remaining leave on my current AT/ADT orders _____ ending on _____.
(SDN #) (DDMMYY)

WITNESSED: _____
(Admin/Manpower Sup.)_____
(Member's Signature)

LEAVE SELL BACK

_____: I, _____ understand by signing this Page 13 that I am electing to sell
(DDMMYY) (Print Full Name)

back all remaining remaining leave on my current AT/ADT orders _____ ending on _____.
(SDN #) (DDMMYY)

WITNESSED:

Desiral Guillory
(Admin/Manpower Sup.)

(Member's Signature)

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

USNR

FOR OFFICIAL USE ONLY
PRIVACY SENSITIVE

1. New AT/ADT electronic Muster (eMuster)

New electronic Muster (eMuster) is automating the orders process for Reserve Sailor Annual Training (AT) and Active Duty Training (ADT). The eMuster capability replaces the manual workflow and paper signing process with mustering and workflow performed in Navy Standard Information Personnel System (NSIPS).

As a Reserve Sailor, you will experience a paperless check-in and checkout process at your AT/ADT command. The new process:

- Increases process efficiency
- Reduces errors at supported commands
- Minimizes AT/ADT pay delays



2. New Automated Process

2a. Checking-in

- When performing AT/ADT, you will no longer be required to print hard copies of your orders from the Navy Reserve Order Writing System (NROWS) and deliver them to your supported command for check-in signatures.
- Check-in at your supported command is performed in NSIPS by the Command Pay and Personnel Administrator (CPPA).
- CPPAs will no longer manually transmit your AT/ADT orders to a supporting Personnel Support Detachment (PSD) for processing.
- Pay Clerks and Pay Supervisors at the assigned PSD are notified within NSIPS of your check-in and alerted to begin processing your orders for pay.

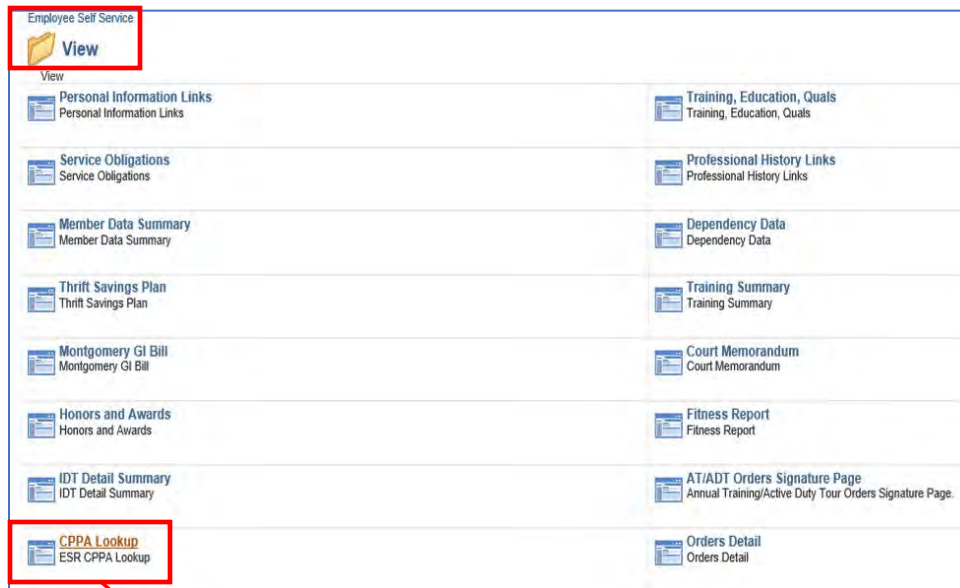
2b. Checking out

- Upon completion of AT/ADT, the CPPA completes your checkout in NSIPS.
- You are no longer required to submit hard copies of orders to your Navy Reserve Activity when you return from AT/ADT.
- After AT/ADT is completed, you can view and retrieve the Orders Signature Page electronically through your Member Self Service account.

3. New Self Service Capabilities

3a. CPPA Lookup

The capability to identify a CPPA at your Supported Command has been added to your NSIPS Employee Self Service account (View>CPPA Lookup). This feature allows you to contact your CPPA at the supported command for coordination. Note: If your orders are for 31 days or longer, the new automated process requires the CPPA to upload a copy of the full set of orders into NSIPS eMuster. In this case, you should send an email to your CPPA with your NROWS orders attached prior to arrival.



CPPA Lookup

Name: Rank/Rate: LCDR Current DSC: 297

CPPA Command Lookup

UIC: 00022 x BUREAU OF NAVAL PERSONNEL
City: MILLINGTON
State: TN
Street Address: 5720 INTEGRITY DR

Available CPPAs For selected Command

Name	Email ID	CPPA Phone Number	UIC	Command Name
1	navy@navy.mil	555-555-5555	00022	BUREAU OF NAVAL PERSONNEL
2	do_not_email_me@junk.com		00022	BUREAU OF NAVAL PERSONNEL

Go to: [ESR Home](#)

AT/ADT eMuster Reserve Sailor WNFY

3b. Online Access to Orders Signature Page

Upon completion of AT/ADT, you can access and download a copy of the orders signature page from your NSIPS Employee Self Service account (View>AT/ADT Orders Signature Page). Also, you can view the non-standard paragraph on your orders.

Employee Self Service

View

View

Personal Information Links Personal Information Links	Training, Education, Quals Training, Education, Quals
Service Obligations Service Obligations	Professional History Links Professional History Links
Member Data Summary Member Data Summary	Dependency Data Dependency Data
Thrift Savings Plan Thrift Savings Plan	Training Summary Training Summary
Montgomery GI Bill Montgomery GI Bill	Court Memorandum Court Memorandum
Honors and Awards Honors and Awards	Fitness Report Fitness Report
IDT Detail Summary IDT Detail Summary	AT/ADT Orders Signature Page Annual Training/Active Duty Tour Orders Signature Page.
CPPA Lookup ESR CPPA Lookup	Orders Detail Orders Detail

AT/ADT Orders Signature Page

Name: **Sample** Rank/Rate: Current DSC:

Orders Assignment History Signature Page

Personalize Find View All First 1-8 of 8 Last

SDN	Orders Report Date	Orders Detach Date	Check In Date	Check Out Date	View/Print Signature Page	AT/ADT Non-Standard Paragraph
1 N0072R2020RT02090	10/14/2019	10/26/2019				
2 N838452016RT41439	08/14/2016	08/26/2016				
		07/27/2017				
		11/07/2017				
		02/16/2018				
		06/09/2018				
		04/17/2015				
		05/01/2015				

ORIGINAL

Sample

1572
NROWS//
SDN:N0072R2020RT02090
Monday, October 07, 2019

SUBJ: ORDERED TO ADT-SPEC; CASE OF LCDR USN,

ENDORSEMENT STAMP (PRINT)

GAINING COMMAND COM US FLEET FORCES DATE/TIME REPORTED /
COMMAND
Printed Name: Signature:
MESSING: BERTHING:
NON-AVAILABILITY NUMBER DATE/TIME DEPARTED:
Printed Name: Signature:

Orders Text

Sample

YOU ARE DIRECTED TO SUBMIT YOURS DTS AUTHORIZATION WITHIN 2 DAYS AFTER FUND APPROVAL.
YOU ARE DIRECTED TO SUBMIT YOURS TRAVEL CLAIM WITHIN 5 DAYS OF COMPLETION OF THESE ORDERS.
YOU ARE DIRECTED TO SUBMIT A COPY OF YOUR ENDORSED ORDERS AND MODIFICATIONS TO YOUR NRA ORDER SPECIALIST AT THE COMPLETION OF THESE ORDERS. FAILURE TO DO SO WILL RESULT IN DELAY AND POSSIBLY DISSAPPROVAL OF FUTURE ORDER REQUEST.



Return

4. Future Improvements


Automatic transfer of full orders from NROWS into NSIPS will be delivered, eliminating the need to email a copy of your orders to the supported command CPPA.

5. Training & Help


Step-by-step instructions to complete required AT/ADT eMuster business processes in NSIPS are available in User Productivity Kits, accessed via the Interactive Training link on the NSIPS homepage.




Menu

**System Access Authorization Request (SAAR)**

- New Users (NSIPS, ESR, CIMS, Web Ad Hoc)
- NSIPS Self-Service (New Users)**
- NSIPS Self-Service (Unlock)
- New User SAAR Validation (Supervisor)
- SAAR-N Form, OPNAV Form 5239.

**User Information**

- Report a Crime - NEW!
- NSIPS Data Marking and Protection Policy 13 Apr 2012
- Civilian Employer Information (CEI) Login Instructions
- Create ESR View Only Account Instructions
- Smart Sheets and What's New For You User Communications
- Supplement to NAM User Guide

**Training**

- E-Leave Job Performance Aids (JPA)
- Pers/Pay Job Performance Aids (JPA)
- Command Job Performance Aids (JPA)
- STR Tracking Tool Tutorial (JPA)
- BRS Tutorial (JPA)
- EAW Tutorial (JPA)
- MAP Tutorial (JPA)
- RED/DA Tutorial (JPA)
- EDM Tutorial (JPA)
- Interactive Training**

For additional information or assistance, contact:

MyNavy Career Center (MNCC): 1-833-330-MNCC (1-833-330-6622) or E-mail:

ASKMNCC@navy.mil

College of Maritime Operational Warfare Reserve AT/ADT Orders and Pay Processing

Points of Contact:

Reserve Affairs Office

CDR Cory Gassaway

YN1(AW) Desiral Guillory

YN1(AW/SW) Sophia Abraham

e-Mail: nwcoso@usnwc.edu (We are teleworking, so please email this distro.)

Things to Know with Needed Actions:

We encourage you all to turn in all required paperwork between now and then, so documents are readily available for check-in. With the recent new eMuster change, for getting checked-in, it is done electronically through NSIPS. Therefore, hard copy orders are no longer needed for your check-in. For the day of your check-in, we still expect to receive an email from you. Once we receive/review all required documentation from the day of your check-in, then we will check you in and you will be able to get a copy of your orders through NSIPS.

For us to check you in, you must have recently verified your page 2. Please see the attachment to do so if needed. If you have already recently done this, then please disregard.

To obtain a copy of your electronically endorsed orders, please see the attachment for directions.

As long as there is a galley on base, we are required to stamp our orders PMR. Therefore, after you are fully checked-in, you will receive a letter for authorized CMR because the galley wasn't available. This letter trumps the PMR stamp.

Please note, you are responsible for updating your DEERS. Therefore, at the end of your ROM, you all will need to bring a copy of your endorsed orders to the ID Lab, with your military ID. The ID Lab will back date the start date to when your orders started in the system. You will still be able to make appointments if need be, in between your ROM. We are not able to call or bring in orders on your behalf. You do not need an appointment and you would sign in on the walk-in list. While this is currently the case, it could change in between time, so please call ahead. Any questions related to updating DEERS please use the below ID Lab information. Your medical benefits will not start until you complete this action. If you do not wish to start your TRICARE benefits, then please disregard.

Naval Station Newport ID Lab:

690 Peary St

Newport, RI 02841

401-841-3021

The sell back leave form option has changed. Please complete the attached form, including the bottom portion for further processing. You must fill-in your information, sign, and include your

SSN. We have already pre-filled and signed the PG13 in whether you are selecting to carry-over or sell back leave days. Please make sure you fill out the correct one of your selection of option. Note, we are unfortunately unable to read encrypted emails. Although using the DoD Safe website is an optional sending choice.

The NSIPS eMuster system, doesn't let us check-out personnel until the day after their orders end. Therefore, for the end of your week's check-out, we will check you out through eMuster our following workday.

If you have any questions moving forward for administrative processing, please contact us at our department distro, for we are teleworking. We appreciate your time and standing by to assist.

Needed Actions:

Verify PG2

FSA Form (Only if you are submitting for it, otherwise not needed.)

Sell Back Leave/Carry Over Leave form

Update DEERS

Email us the day of check-in

Steps to Verify

1) Go to this new NSIPS site

<https://nsipsprod-sdni.nmci.navy.mil/nsipsclo/jsp/index.jsp>

2) logon and you will come to a screen with 3 boxes (look in the ESR Home Page box)

3) Under the **PERSONAL INFORMATION** click the **VIEW PERSONAL INFORMATION** (do not click **UPDATE PERSONAL INFORMATION**)

4) Then you will come to the *Personal Information* page.

Near the bottom of the icons you will have either:

DEPENDENCY DATA or **RED/DA**

4a) If you have the *Dependency Data* click that link. The verify button is in an off yellow and near the top of the page. It should look like this:

Verification	
VERIFY	Last Verification Date: <input type="text" value="09/11/2018"/>
Please verify that the RED/DA Data is correct	
UPDATE	
If the data is not correct, click here to update	

If you take a look at the date, that is the last date that it was verify and that is what PSD Norfolk looks at. Please click the verify button. This will ensure you get paid from your orders and not have to wait another month before payment.

Continue to next page

4b) If you have the *RED/DA* click that link. You will then come to a screen that gives you 6 options: check 1) Verify my RED/DA, then click next.

After that you will come to a screen for the RED/DA Inquire, scroll to the bottom of the page and you will see this:

Verification	
VERIFY	Last Verification Date: 09/11/2018
Please verify that the RED/DA Data is correct	
UPDATE	
If the data is not correct, click here to update	

If you take a look at the date, that is the last date that it was verify and that is what PSD Norfolk looks at. Please click the verify button. This will ensure you get paid from your orders and not have to wait another month before payment.

5) Last important thing to read for this email:

If you have information that is missing or incorrect, you will need to update that. However, in order to get paid for your AT or ADT orders, all you will need to click the verify button, otherwise they will delete the transaction and will have to start the process over again.