

Relocation Request Overseas to CONUS

OMB CONTROL NUMBER: 0702-0131

OMB EXPIRATION DATE: 03/31/2022

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0131, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil.

Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 7013, Secretary of the Army; Title 10 U.S.C. 9013, Secretary of the Air Force; Army Regulation 215-1, The Administration of Morale, Welfare, and Recreation Activities and Non-appropriated Fund Instrumentalities; Army Regulation 215-8/AFI 34-211(I), Army and Air Force Exchange Service Operations; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To process official travel requests for civilian employees of the Army and Air Force Exchange Service; to determine eligibility of individual's dependents to travel; to obtain necessary clearance where foreign travel is involved, including assisting individual in applying for passports and visas and counseling where proposed travel involves visiting/transiting communist countries and danger zones.


ROUTINE USE(S): Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. This may include disclosures to the attaché or law enforcement authorities of foreign countries, the U.S. Department of Justice or Department of Defense legal/intelligence/investigative agencies for security, investigative, intelligence, and/or counterintelligence operations.

DISCLOSURE: Voluntary, however failure to provide all the information needed may result in denial of your PCS orders.

A copy of the Privacy Impact Assessment (PIA) for this collection may be located at <http://www.aafes.com/about-exchange/public-affairs/FOIA/assessments.htm>.

INSTRUCTIONS

1. Please read the above Agency Disclosure Notice and Privacy Act Statement prior to responding below to review, complete, and answer the following questions.
2. **In order to provide you with appropriate orders, each question must be answered.**
3. When you have completed the request form, press the submit button and your information will be automatically forwarded to the Exchange authorized HR travel associates for completion of your PCS orders.
4. All approved signatures will be obtained by the HR representative.
5. You will be provided a copy of your final approved PCS orders.
6. If you have questions, concerns, or need more information, please see your HR manager.

 Respond	
Survey Name:	Relocation Request Overseas to CONUS
Survey Description:	
Time Created:	MM/DD/YYYY XX:XX XM



Relocation Request Overseas to CONUS

* indicates a required field

Last name, First name, Middle name (include Jr., Sr., II, III, etc) *

Last five (5) digits of Social Security Number: *

Present Grade *

Current Duty Station *

New Duty Station *

Y Number: *

Report Date: *

Home Address:

Street

City/State/Zip code

(If you live in an apartment please list the name of the apartment complex).

Office Phone Number (Commercial) *

Home & Cell Number: *

E-mail address *

**Family Member Information: #1 - Full Legal Name:
Relationship to you:
Birth date (DDMMYR)
Will Family member #1 travel the same time as you:**

**Family Member #2 - Full Legal Name
Relationship to you:
Birthdate (DDMMYR)
Will this Family Member travel the same time as you ***

**Family Member #3 - Full Legal Name
Relationship to you:
Birth date (DDMMYR)
Will this family member travel with you ***

If you have additional family memers (dependents). please list them here using the same format as above.

**Will you be shipping a POV:
(you are authorized to ship one POV at AAFES expense, unless you do not own a POV or are transferring from Japan/Okinawa. PLEASE PROVIDE THE MAKE/MODEL/YEAR AND VIN NUMBER of the POV you will ship. Your Orders cannot be prepared without this information. ***



Relocation Request Overseas to CONUS

* indicates a required field

Last name, First name, Middle name (include Jr., Sr., II, III, etc) *

Last five (5) digits of Social Security Number: *

Present Grade *

Current Duty Station *

New Duty Station *

Y Number: *

Report Date: *

Home Address:

Street

City/State/Zip code

(If you live in an apartment please list the name of the apartment complex).

Office Phone Number (Commercial) *

Home & Cell Number: *

E-mail address *

Family Member Information: #1 - Full Legal Name:
Relationship to you:
Birth date (DDMMYR)
Will Family member #1 travel the same time as you:
*

Family Member #2 - Full Legal Name
Relationship to you:
Birthdate (DDMMYR)
Will this Family Member travel the same time as you *

Family Member #3 - Full Legal Name
Relationship to you:
Birth date (DDMMYR)
Will this family member travel with you *

If you have additional family memers (dependents). please list them here using the same format as above.

Will you be shipping a POV:
(you are authorized to ship one POV at AAFES expense, unless you do not own a POV or are transferring from Japan/Okinawa. PLEASE PROVIDE THE MAKE/MODEL/YEAR AND VIN NUMBER of the POV you will ship. Your Orders cannot be prepared without this information. *)

Will you be shipping any Pets *

Will you be shipping any weapons:

if yes, you need to complete Form DD 2760 and provide to me, and I need the make/model and serial number of each weapon, needs to be listed on your PCS Orders) *

Employee's Birth Date (DDMMYYYY) *

The airlines now require we provide an emergency contact name and phone number for travelers. This needs to be a family member (not one traveling with you), need the full name/work/home phone number. *

In case we are required to get in touch with you and you have already left your duty station please provide a name/address and phone number of that individual.

TRAVEL: You will need to make your airline travel reservations through the HQ Travel Office using the official request form on the portal. We recommend you depart on the Thursday or Friday before your report date. If you plan on departing from a location other than your duty station or arriving at a different location other than your new duty station it will be on a cost basis. They will need to know this up front so they can work with the airlines to get your desired flight booked and you can get your vacation leave approved in advance.

SUMMARY: You will receive your orders/transfer agreement via e-mail along with other pertinent information. Also, please review the PCS Portal, a lot of your questions will most probably be already answered. Please if you need to contact us feel free to do so anytime, PH: 214-312-2502

This completes the Questionnaire. Please click on FINISH when you are through and don't forget to contact HR Relocation to schedule your PCS Out-Briefing. Thank you!

COMMENTS/QUESTIONS