

Relocation Request Overseas to Overseas

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 for Overseas to Overseas
Survey Description:	
Time Created:	MM/DD/YYYY XX:XX XM



Relocation Request for Overseas to Overseas

* indicates a required field

1. LAST NAME, FIRST NAME, MIDDLE NAME (INCLUDE JR., SR., II, III, ETC) *

2. Last five (5) digits of Social Security Number *

3. Current PB Grade *

4. Current Duty Station *

5. New Duty Station *

6. EXACT HOME ADDRESS (STREET/CITY/STATE/ZIP CODE)

7. HOME PHONE NUMBER (INCLUDE AREA CODE)

8. COMMERCIAL WORK PHONE NUMBER

9. CELL PHONE NUMBER

10. E-MAIL ADDRESS

11. Family Member #1 (full legal name)

Your relationship to Family Member #1

- SON
- DAUGHTER
- SPOUSE

Family Member #1 Birth Date (DDMMYYYY)

Will Family Member #1 accompany you to your new duty station at the same time you report?

- YES
- NO

12. Family Member #2 (full legal name)

Your relationship to Family Member #2

- Son
- Daughter
- Spouse
- Other

Family Member #2 Birth Date (DDMMYYYY)

Will Family Member #2 accompany you to your new duty station when you report



Relocation Request for Overseas to Overseas

* indicates a required field

1. LAST NAME, FIRST NAME, MIDDLE NAME (INCLUDE JR., SR., II, III, ETC) *

2. Last five (5) digits of Social Security Number *

3. Current PB Grade *

4. Current Duty Station *

5. New Duty Station *

6. EXACT HOME ADDRESS (STREET/CITY/STATE/ZIP CODE)

7. HOME PHONE NUMBER (INCLUDE AREA CODE)

8. COMMERCIAL WORK PHONE NUMBER

9. CELL PHONE NUMBER

10. E-MAIL ADDRESS

11. Family Member #1 (full legal name)

Your relationship to Family Member #1

- SON
- DAUGHTER
- SPOUSE

Family Member #1 Birth Date (DDMMYYYY)

Will Family Member #1 accompany you to your new duty station at the same time you report?

- YES
- NO

12. Family Member #2 (full legal name)

Your relationship to Family Member #2

- Son
- Daughter
- Spouse
- Other

Family Member #2 Birth Date (DDMMYYYY)

Will Family Member #2 accompany you to your new duty station when you report

13. Family Member #3 (Full legal name)

Your relationship to Family Member #3

- ____ Son
- ____ Daughter
- ____ Spouse
- ____ Other

Family Member #3 Birth Date (DDMMYYYY)

Will Family Member #3 accompany you to your new duty station when you report.

- ____ Yes
- ____ No

14. Family Member #4 (Full Legal Name)

- ____ Spouse
- ____ Son
- ____ Daughter

Your relationship to Family Member #4

- ____ Son
- ____ Daughter
- ____ Spouse
- ____ Other

Family Member #4 Birth Date (DDMMYYYY)

Will Family Member #4 accompany you to your new duty station when you report

- ____ Yes
- ____ No

15. Will you drive/fly or ship to your new duty station? (If you can drive to your new duty station, you are required to do that, if you can't and need to ship your POV please see question #16. *

- ____ Yes

- ___ No
- ___ Ship

16. If you are transferring to an overseas location where you cannot drive and want to ship a POV please provide the make/model/year and VIN number of your vehicle.

17. Associate's Birth Date
(DDMMYYYY)

18. Actual Place of Residence.

Please list your home of record, city and state. It needs to be a location where you own property or where your family resides.

EMERGENCY CONTACT: The travel industry now requires you to provide an emergency contact name and phone number, it needs to be someone who is not travelling with you.

This completes the Questionnaire, please click on the FINISH button when you are through, it will automatically pop back to me. Don't forget to contact HR Relocation to schedule your PCS Out-Briefing AT 214-312-2502.

COMMENTS/QUESTIONS OR ADDITIONAL INFORMATION:

Type your question here...

- Enter Choice #1
 - Enter Choice #2
 - Enter Choice #3
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