



CG PSSU PORTSVA INST 1300.2  
03 November 2011

PERSONNEL SERVICES AND SUPPORT UNIT PORTSMOUTH INSTRUCTION 1300.2

Subj: TRANSIENT PERSONNEL INSTRUCTION

Ref: (a) Personnel and Pay Procedures Manual, PSCINST M1000.2A  
(b) PSSU Temporary Duty and Administrative Assignment Guidance,  
PSCINST 1000.1  
(c) Joint Federal Travel Regulation, Vol. 1  
(d) Military Justice Manual, COMDTINST M5810.1D  
(e) Military Assignments and Authorized Absences, COMDTINST 1000.8

1. PURPOSE: This instruction establishes policy and procedures for use by commands that need to temporarily assign transient personnel to Personnel Services and Support Unit (PSSU) Portsmouth.
2. ACTION: All Commanding Officers of units considering assigning personnel to PSSU Portsmouth in a Temporary status are encouraged to familiarize themselves with and comply with the provisions of this Instruction. Internet release is authorized.
3. DIRECTIVES AFFECTED: None.
4. DISCUSSION
  - a. Units frequently have a need to temporarily assign personnel to PSSU Portsmouth for administrative, medical, and/or disciplinary reasons. PSSU Portsmouth is fully prepared to accommodate the transient personnel, consistent with our mission to support and contribute to mission readiness.
  - b. When members report to an underway cutter whose homeport is located on the Base Portsmouth campus, they will report to PSSU Portsmouth's Customer Service Section (CSS) and are considered Temporary and Assigned. To expedite the reporting process, PSSU Portsmouth's CSS will sign all arrival paperwork, acting in place of the cutter's Yeoman, and e-mail the cutter that they have reported. Signed paperwork will then be forwarded to the cutter upon their return to homeport.
  - c. PSSU Portsmouth CSS provides assistance with routine administrative functions initiated by the parent command, implementing punishment awarded at Non-Judicial Punishment (NJP) proceedings, preparing travel arrangements upon request, and other administrative tasks IAW references (a) through (e).

- d. PSSU Portsmouth will coordinate with Health, Safety, and Work-Life Regional Practice (HSWL-RP) Portsmouth for treatment or monitoring of treatment of transient personnel deemed Not Fit for Full Duty (NFFFD) and assigned for medical reasons. Transient personnel assigned to PSSU Portsmouth for medical reasons will be returned to a Fit for Full Duty (FFFD) status in an expedient yet responsible manner as applicable.
- e. To ensure the best possible customer service, correspondences with PSSU Portsmouth Customer Service Section should be initiated as soon as practicable via e-mail **D05-DG-ISCPORTS-CustomerService**.

## 5. PROCEDURE

- a. PSSU Portsmouth CSS accepts personnel assigned temporarily in the following categories:
  - (1) Medically NFFFD: Members who have been found not medically fit for sea duty will generally be assigned to PSSU Portsmouth whenever their cutter is underway.
  - (2) Transient Personnel: Members not sailing with their cutter due to PCS orders (in or out), attendance of required training, on authorized absence (i.e. leave), or other status of a transient nature.
  - (3) Administrative Personnel: Members who are undergoing an administrative process of such nature that it prevents the member from sailing with their cutter.
- b. Considerations for assigning members for Temporary Duty (TDY) to PSSU Portsmouth include the following:
  - (1) Leave: Regular leave requests will be approved in accordance with PSSU Portsmouth's normal leave approval procedure. Any restrictions on TDY members taking leave should be noted on enclosures (1) and (3).
  - (2) Liberty: TDY members will be assigned working hours consistent with the needs of the department they are assigned to. Liberty will be granted at the discretion of the TDY supervisor IAW routine of the day of the department assigned.
  - (3) Work location: Members are assigned to PSSU Portsmouth and are then detailed to a work location within the Base Portsmouth campus. During the process of assigning a work location, PSSU Portsmouth CSS will consider the desires of the parent command, the member's rate, the member's medical limitations, and the needs of departments under Base Portsmouth and tenant commands on the Base Portsmouth campus who have submitted work requests.
  - (4) Length of TDY assignment: IAW reference (a), PSSU Portsmouth cannot accept TDY assignment that exceeds 180 days in length.

03 November 2011

- (5) NJP: Will normally be issued by a member's permanent unit. When issuance of NJP by a member's CO is not practical, a cutter may request PSSU Portsmouth's CO issue the NJP. PSSU Portsmouth will accept NJP authority on a case-by-case basis.
  - (6) Implementation of NJP punishment: A cutter may restrict a member at NJP and assign the member TDY to PSSU Portsmouth for the restriction to be served. However units with berthing capabilities should normally house and supervise restriction imposed by NJP. In exceptional circumstances, PSSU Portsmouth may accept members for the sole purpose of imposing restriction. In these cases, the cutter should contact PSSU Portsmouth CSS for guidance on how the restriction letter should read.
- c. Process to follow when reporting in to PSSU Portsmouth:
- (1) Instruct all personnel being assigned temporarily to PSSU Portsmouth to report to the Rittichier Building (Administration building) immediately upon the cutter's departure with TDY Orders (CG Form 4251). The following info applies:
    - (a) Personnel who cannot physically report to PSSU Portsmouth shall check in via telephone during normal work hours, Monday through Friday, 0730-1600 at (757) 686-4002.
    - (b) If the cutter departs after normal working hours, transient personnel shall report no later than 0800 the following business day.
  - (2) Ensure personnel temporarily assigned to PSSU Portsmouth have sufficient uniforms to include Trops, SDBs, ODUs, and personal items to sustain them during their stay.
  - (3) Whenever possible, transient members shall properly fill out their TDY check-in package with their unit administrative personnel prior to reporting in to PSSU Portsmouth.
- d. When a decision has been made to assign a member TDY to PSSU Portsmouth enclosures (1) through (3) are required to be submitted at the earliest possible date. Enclosure (4) will be completed upon check-in with the PSSU Portsmouth CSS staff.
- e. TDY Orders CG Form 4251, the following info applies:
- (1) Dates: Orders must have a start and stop date.
  - (2) Location: List PSSU Portsmouth as reporting location.
  - (3) Funding: If a member is reporting to PSSU Portsmouth from a unit located outside the local area (50 mile radius), a TONO must be provided.

- (4) Quarters and Messing: Quarters and messing will normally be provided at the government rate for members traveling outside the local area.
6. RECORDS MANAGEMENT CONSIDERATIONS: This Instruction has been thoroughly reviewed during the directives clearance process, and it has been determined there are no further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. 3101 et seq., NARA requirements, and Information and Life Cycle Management Manual, COMDTINST M5212.12 (series). This policy does not have any significant or substantial change to existing records management requirements.
7. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS: Environmental considerations were examined in the development of this instruction and have been determined to be not applicable.
8. FORMS/REPORTS: Units desiring to temporarily assign personnel to PSSU Portsmouth shall complete enclosures (1) through (4) and forward these and all other applicable forms to PSSU Portsmouth CSS prior to the transient member's departure from parent command.

K. W. RICHTER //s//  
Commander, U.S. Coast Guard

- Encl: (1) PSSU Portsmouth TDY Check-In Sheet  
(2) Emergency Evacuation Personnel Information form  
(3) PSSU Pre-TDY questionnaire  
(4) Acknowledgement of PSSU Portsmouth TDY Policies and Procedures form

Dist: List I, II, III, IV

# PSSU PORTSMOUTH TDY CHECK-IN SHEET

**ALL ITEMS MUST BE COMPLETED BY UNIT ADMIN PRIOR TO  
CHECK-IN AND RETURNED TO CUSTOMER SERVICE SECTION**

<b>RATE/RANK:</b>	<b>NAME:</b>	<b>EMPLID:</b>
<b>REPORT DATE TO PSSU PORTSMOUTH:</b>	<b>PARENT COMMAND:</b>	
<b>ORDERS EXPIRE ON:</b>	<b>CONTACT # UPH ROOM #:</b>	
<b>PURPOSE OF TDY:</b>	<input type="checkbox"/> MEETING SHIP* <input type="checkbox"/> SEPARATION <input type="checkbox"/> PERFORMANCE <input type="checkbox"/> ____ A SCHOOL <input type="checkbox"/> MEDICAL <input type="checkbox"/> TERMINAL LEAVE <input type="checkbox"/> ____ C SCHOOL <input type="checkbox"/> OTHER* _____	
<b>DIVISION ASSIGNED TO:</b> (if known)	<input type="checkbox"/> UPH <input type="checkbox"/> FED <input type="checkbox"/> CSS <input type="checkbox"/> Galley <input type="checkbox"/> Cutter _____ <input type="checkbox"/> Wheelhouse <input type="checkbox"/> MWR <input type="checkbox"/> SECTOR <input type="checkbox"/> NESU <input type="checkbox"/> ESU/ESD <input type="checkbox"/> STA _____ <input type="checkbox"/> C3CEN <input type="checkbox"/> OTHER AREA COMMAND* _____	
<b>MEMBER'S DUTY STATUS**:</b>	<input type="checkbox"/> FFFD <input type="checkbox"/> NFFFD <input type="checkbox"/> FFLD W/LIMITATIONS <input type="checkbox"/> FFLD <input type="checkbox"/> NFFSD <input type="checkbox"/> SIQ FOR ____ DAYS	<b>WORK PHONE EXT:</b>
<b>OTHER REMARKS:</b>		

BELOW COMPLETED BY CSS STAFF ONLY	INITIALS	DATE
<b>CSS OFFICE (RITTICHER BLDG)</b> <span style="float: right;"><b>x4002</b></span> <input type="checkbox"/> ADDED TO TDY TRACKER <input type="checkbox"/> WORK ASSIGNMENT <input type="checkbox"/> TDY FOLDER <input type="checkbox"/> NOTIFY SPO OF CHECK-IN DATE		
<b>CSS CHIEF</b> <span style="float: right;"><b>x5988</b></span> <b>Appointment to see CSS Chief only if TDY for performance reasons.</b> <div style="text-align: right; margin-top: 10px;"><b>DATE &amp; TIME***</b> _____</div>		
<b>SPO YEOMAN -</b> _____ (Name)		
<b>CHAIN OF COMMAND WHILE TDY TO PSSU PORTSMOUTH-</b> _____ <b>Immediate Supervisor</b>	_____ <b>Customer Service YN</b>	

\* NEEDS TO BE SPECIFIED IN OTHER REMARKS SECTION OF TDY ORDERS  
 \*\*DUTY STATUS CHITS ARE PART OF THE CHECK IN PACKAGE AND NEED TO BE SUBMITTED THE DAY THE MEMBER REPORTS IF APPLICIABLE.  
 \*\*\*MEETING DATE AND TIME WITH CSS CHIEF MUST BE MADE BY THE UNIT ADMINISTRATION OFFICE PRIOR TO THE MEMBER'S DEPARTURE FOR TDY ASSIGNMENT. WRITE THE DATE AND TIME IN THE SPACE PROVIDED.

**PSSU PRE-TDY ASSIGNMENT QUESTIONNAIRE**

**DIRECTIONS:** In an effort to reduce burdens to the PSSU, the member's permanent unit, and to the member, it is required and important that the following information be provided prior to TDY assignment to PSSU. Please provide answers to **ALL** of the questions and additional information as requested.

Name \_\_\_\_\_  
Rate/Rank \_\_\_\_\_ EMPLID \_\_\_\_\_ Gender \_\_\_\_\_ 21 yrs or older **Y** **N**

**1. REASON FOR REQUESTING MEMBER BE ASSIGNED TO PSSU Portsmouth?**

\_\_\_\_\_  
\_\_\_\_\_

**2. WILL MEMBER HAND-CARRY ORDERS/PDR/HEALTH RECORD? **Y** **N****

If NO, describe where located.

\_\_\_\_\_  
\_\_\_\_\_

**3. IS THERE ANY PENDING NJP, COURT MARTIAL, DISCHARGE, OR PERFORMANCE PROBATION PAPERWORK PENDING? **Y** **N****

If YES, describe what is it in regards to and what is the status of the package? Copies must be sent to PSSU Portsmouth CSS and positive progress towards separation must be maintained or the member will be returned.

\_\_\_\_\_  
\_\_\_\_\_

**4. ARE THERE ANY RECENT NEGATIVE PAGE 7s ON MEMBER? **Y** **N****

If YES, describe and provide scanned copies to PSSU Portsmouth CSS.

\_\_\_\_\_  
\_\_\_\_\_

**5. IS THERE AN ONGOING CDAR OR ALCOHOL INCIDENT ISSUE (I.E. REQUIRED AA MEETINGS) PENDING? **Y** **N****

If YES, describe and provide all incident and screening documentation required by the Coast Guard Drug and Alcohol Abuse Program and CG Health Promotion Manual to PSSU Portsmouth CSS. (Indicate if cutter CDAR to PSSU CDAR contact required).

\_\_\_\_\_  
\_\_\_\_\_

03 November 2011

**6. IS THE MEMBER FINANCIALLY STABLE? Y N**

If NO, describe and provide any indebted documentation to the PSSU Portsmouth CSS. (Indicate if member is required to purchase meals at the Base Galley (approx. \$11/day)).

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**7. DOES MEMBER HAVE ANY HISTORY OF VIOLENCE OR SEXUAL ASSAULTS? Y N**

If YES, describe.

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**8. ARE THERE ANY ONGOING COMMUNICATIONS WITH CGIS OR LEGAL THAT NEEDS TO CONTINUE OR REQUIRE FOLLOW-UP? Y N**

If YES, describe and provide POC(s).

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**9. ARE THERE ANY MEDICAL ISSUES? Y N**

If YES, describe and provide details such as recurring appointments, etc. (Note: See HIPPA Statement below).

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**10. WHAT IS THE COMMAND'S ULTIMATE GOAL FOR THIS MEMBER (I.E., DISCHARGE, MEDICAL BOARD, TDY ASHORE UNTIL CUTTER RTHP, ETC.?)**

Describe.

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**11. DOES THE MEMBER HAVE A FULL SEA BAG OR AT LEAST ENOUGH TO SATISFY BRIG REQUIREMENTS (IF REQUIRED)? Y N**

If NO, describe. (Note: Members arriving without a sufficient number of uniforms will be returned. Members should also bring proper civilian attire and have the ability to purchase toiletries, food, clothing, etc. for the duration of their stay).

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**12. DOES THE MEMBER HAVE A VALID DRIVERS LICENSES (Y N), A VEHICLE (Y N), AND THE ABILITY TO DRIVE (Y N)?**

(Indicate any restrictions to include loss of base driving privileges or use of motorcycle)

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\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EXECUTIVE OFFICER

This communication and its attachments are confidential to the Coast Guard Health Care Program and to the intended recipient(s). Information contained in this communication may be subject to the provisions of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act. If you have received this document in error, please advise the sender immediately and delete the entire message together with all attachments. All unintended recipients are hereby notified that any use, distribution, copying or other action regarding this email is strictly prohibited.

## EMERGENCY EVACUATION PERSONNEL INFORMATION

### INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, U.S.C. 5701-5742; Title 37, U.S.C. 404-427, and E.O. 9397  
**PRINCIPAL PURPOSE:** Used for reviewing, approving, accounting and disbursing for official travel, EMPLID is used to maintain a numerical identification system for individual claims. Contact information will be used to locate and ensure the safety of our personnel as required by Commandant.  
**ROUTINE:** To substantiate claims for reimbursement for official travel.

**Contact information is required to satisfy preparedness and response requirements. This information is considered sensitive, FOUO and will handled as such.**

Date Form Submitted:		Duty Station:	
Member's Name:		Emplid:	Rank/Rate:
Do you have a gov't travel card? <input type="checkbox"/> Yes <input type="checkbox"/> No			Limit on card? \$
Department:	Shop/Division:		Office Phone #: (757)
Home Address:			
City:		State:	Zip Code:
Check one: leased/gov't housing <input type="checkbox"/> Yes <input type="checkbox"/> No			

Primary Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Cellphone (include area code)
Secondary Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Cellphone (include area code)
<b>THIRD PARTY/OUT OF AREA CONTACT NUMBER FOR SOMEONE WHO WOULD KNOW HOW TO CONTACT YOU IN AN EMERGENCY (Name not needed, include Area Code)</b>

**Failure to furnish Evacuation information requested may result in total or partial denial of amount claimed.**

DEPENDENT INFORMATION				
Number of Dependents residing with you:				
Name	Age	Sex	Relationship	Living with Member; at college (name & location of college); special needs; etc.

EVACUATION DESTINATION		
IN CASE OF AN EVACUATION ORDER, DO YOU HAVE AN INTENDED EVACUATION LOCATION?		
City:	State:	Zip Code:
Address (if known):		
Phone Number (if known – please include Area Code):		
Will you be accompanying your family? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, where will you be?		

ACKNOWLEDGEMENT OF PSSU PORTSMOUTH TDY POLICIES AND  
PROCEDURES

- \_\_\_\_1. (Med Hold Only) I understand I am being assigned to PSSU Portsmouth for medical reasons. It is my responsibility to work diligently with my medical provider to become fit for full duty as soon as possible.
- \_\_\_\_2. (Med Hold Only) I understand I must have a valid duty status chit on file with PSSU Portsmouth Customer Service Section (CSS) at all times.
- \_\_\_\_3. (Med Hold Only) I will remain aware of when my duty status chit expires and will schedule a follow up appointment well in advance of the expiration of my duty status chit.
- \_\_\_\_4. (Med Hold Only) If a non-CG provider makes a duty status recommendation, I will follow up with my CG provider to ensure my CG duty status chit reflects all of my current limitations.
- \_\_\_\_5. (Med Hold Only) I will remain constantly aware of my current duty status limitations. I will inform my supervisor of my limitations and I agree not to participate in activity that violates my medical limitations both on and off duty.
- \_\_\_\_6. (Med Hold Only) Off base medical appointments should be scheduled with coordination of the TDY supervisor to minimize impacts on the work day
- \_\_\_\_7. (Med Hold Only) In the event I am Sick In Quarters (SIQ) or I have a medical emergency, I will contact my current supervisor AND PSSU Portsmouth CSS as soon as possible.
- \_\_\_\_8. (Med Hold Only) Any request for convalescent leave (recover at home) must be approved by the Commanding Officer of my permanent unit or the Commanding Officer of PSSU Portsmouth prior to starting convalescent leave.
- \_\_\_\_9. All of my leave requests will be routed through my current TDY supervisor. Leave requests will be submitted from the TDY supervisor to PSSU Portsmouth Customer Service Section (CSS) for approval.
- \_\_\_\_10. Leave requests will normally be submitted to my TDY supervisor in accordance with the leave policy of the department I am assigned to.
- \_\_\_\_11. Leave or special liberty approved by my command prior to TDY assignment must be submitted to PSSU Portsmouth CSS upon initial check in.
- \_\_\_\_12. Any changes in my recall information must be reported to PSSU Portsmouth CSS immediately.
- \_\_\_\_13. I will not travel out-of-bounds (greater than 90 miles distance) without prior authorization via special request chit.

I certify that I have read, understand, and will comply with PSSU Portsmouth's TDY policies. I understand violating any of these policies will result in administrative and/or disciplinary action.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
mm/dd/yyyy