

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**PCS REPORTING WORKSHEET**

1. Name <i>(Last, First, MI)</i>	2. EMPLID	3. Rate/Rank	4. Permanent Unit
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Purpose: In accordance with 5 USC Section 522a(e)(3) and 37 USC Sections 403 & 404, this form is used to indicate changes in PCS reporting date and address. Disclosure of information is voluntary, but without disclosure the member may encounter problems with pay, taxes, dependent coverage and current ID cards. If you have questions, talk to your yeoman.

5. COMPLETE THE FOLLOWING	DATE COMPLETED
a. Update the Defense Enrollment Eligibility Reporting System (DEERS), and contact Tricare to update enrollment. If your ID card and/or dependent ID cards are NOT current, visit a RAPIDS site to update.	
b. SGLI: Review and update, as applicable, your Servicemembers' Group Life Insurance beneficiary and/or FSGLI via the SGLI Online Enrollment System (SOES) at <a href="https://www.dmdc.osd.mil/milconnect">https://www.dmdc.osd.mil/milconnect</a>	
c. Update and verify the information on your Direct Access BAH/Dependency Data form and Emergency Contact Information. Complete a new Designation of Beneficiaries/Record of Emergency Data (CG-2020D). Reviewed By: _____ Date: _____	
d. Update personal contact information (e-mail, phone, address) in Direct Access.	
e. BAH/Housing Worksheet (CG-2025).	
f. Qualification to Possess Firearms or Ammunition (DD Form 2760).	
g. Travel Claim for you and your dependent(s). <b>NOTE:</b> If advances were taken and dependents traveled separately, it is advised to submit both claims simultaneously to avoid a travel debt.	
h. Call the Government Travel Charge Card contractor at the number on the back of the card to update your mailing address.	

**6. WHAT IS YOUR CONTACT INFORMATION?**

a. Best Personal Contact Phone Number	b. Personal Email Address
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7. Date Reported	8. Time Reported	9. Is this detached duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Yes	No	10. Answer the questions below. Your response(s) will determine which action(s) the SPO will complete.
		a. Did you travel as directed on your orders? <i>(If no, explain the changes) (Example: You reported to a Base for further transportation to a deployed cutter.)</i>
		b. Did you go TDY in connection with this PCS transfer?
		c. Do you want advance pay? <i>(If yes, submit an Advances Worksheet, CG-2010.)</i>
		d. Are you entitled to Family Separation-Housing (FSH)? <i>(If yes, complete CG-7220)</i>
		e. Are you changing your state or federal tax withholding, or do you need to resume state tax collection due to residing in your legal state of residence? <i>(If yes, contact your yeoman for specific state withholding procedures).</i>
		f. Have you had any change in dependency? <i>(If yes, submit a Dependency Worksheet (CG-2020).)</i>
		g. Did you hand carry your SPO Personnel Data Record (PDR)?

Miscellaneous Comments

11. Member's Signature		12. Date	<b>For SPO Use Only</b> <i>Action Completed</i>
13. Command Approval		14. Date	Initials: _____ Date: _____