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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **USCG DISTRICT 11 TGPS REQUEST**  Contact the Transition & Relocation Manager (TRM) for assistance | | | | | | | | | | | |
| *You must complete Pre-Separation Counseling before requesting a TGPS course* | | | | | | | | | | | |
| **PRESEPARATION COUNSELING** | | | | | | | | | | | |
| 1. Sign into the Learning Management System at <https://elearning.uscg.mil/>  2. Search for "Separation" in the search bar. The course is 100061 – Pre-Separation Counseling. The course takes approximately 1 hour to complete  3. Enter the completion date in the next field of this form. | | | | | | | | | | | |
| **PRESEPARATION COURSE DATE:** | | | | | | Click or tap to enter a date. | | | | | |
| **TGPS STUDENT INFORMATION** | | | | | | | | | | | |
| GRADE | LAST NAME | | | | | | | FIRST NAME | | | |
| Choose an item. | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | |
| SEPARATION DATE (MM-DD-YYYY) | | SEP ORDERS APPROVED | | | | | SEPARATION TYPE | | | | |
| Click or tap to enter a date. | | Choose an item. | | | | | Choose an item. | | | | |
| DOD ID NUMBER ON THE BACK OF CAC | | | | SSN LAST FOUR | | | SPOUSE ATTEND | | | SPOUSE FIRST NAME | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Choose an item. | | | Click or tap here to enter text. | |
| WORK EMAIL | | | HOME EMAIL | | | | | | | HOME / CELL NUMBER | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | |
| SUPERVISOR NAME | | | | | SUPERVISOR EMAIL | | | | | | COMMAND APPROVAL |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | | Choose an item. |
| View the TGPS schedule [here](https://www.dcms.uscg.mil/Our-Organization/Director-of-Operational-Logistics-DOL/Bases/Base-Los-Angeles-Long-Beach/Health-Safety-And-Worklife/Worklife/Transition/). *(For Travis AFB TGPS, click* [*here*](https://www.travisafrc.com/class-calendar)*.)* | | | | | | | | | | | |
| TGPS COURSE LOCATION | | | | | | | | | TGPS START DATE (MM-DD-YYYY) | | |
| Select Location | | | | | | | | | Click or tap to enter a date. | | |
| ***Save this form, then*** [***Email it to the TRM***](mailto:%20jessica.r.dung@uscg.mil?subject=Form%20Returned:%20TGPS%20Request%20-%20District%2011) ***with your LMS transcript to enroll in TGPS*** | | | | | | | | | | | |