



MATERNITY UNIFORM PILOT PROGRAM SPECIAL REQUEST FORM INSTRUCTIONS

To apply for the Navy Maternity Uniform Pilot Program, please follow the instructions below for filling out the NAVPERS 1336/3 (SPECIAL REQUEST/AUTHORIZATION)

Block 1: Last Name, First Name and Middle Name

Block 2: Paygrade and Service Status (USN, TAR or USNR)

Block 3: Name of Present Command

Block 4: Date of Request (YYYYMMDD)

Block 5: Department or Division Assigned at Present Command

Block 6: Enlisted: EAOS

Officers: Contract Ending Date

Block 7: Indicate "OTHER"

Block 8a: Personal Contact Number (Home or Cell) and Work Contact Number

Example: C or H: xxx-xxx-xxxx W: xxx-xxx-xxxx

Block 8b: Navy Email Address

Block 8C: Personal Email Address

Block 9: "N/A"

Block 10: Command and Home Address

Block 11: Command Phone Number

Block 12: "Request to participate in the Navy's Maternity Pilot Program." Expected delivery month is YY/MM. I have not received nor intend to receive a maternity allowance during this period of pregnancy." (Provide Expected Delivery Year/Month)

Block 13: Digital signature with DoD ID number included (Use CAC)

Block 14a: Blank

Block 14b: Date of eligibility of Maternity Allowance (Enlisted). If ineligible state "Ineligible" (Officers)

Block 15: Immediate Supervisor

Block 16: Department Head

Block 17: Chief of Staff, Commanding Officer or By Direction Authority equivalent. If block 17's recommendation is "NO" inform the Sailor of their ineligibility to participate in the program and return the request.

Blocks 18 through 21: Leave blank. Information in these blocks will be populated by the Navy Uniform Matters Office.

Block 22: Command provide explanation if disapproved is indicated in block 17.



Example NAVPERS 1336/3 (SPECIAL REQUEST/AUTHORIZATION)

SPECIAL REQUEST/AUTHORIZATION			
PRIVACY ACT STATEMENT THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301. THE PRINCIPLE PURPOSE OF THE INFORMATION IS TO ENABLE YOU TO MAKE KNOWN YOUR DESIRE FOR ITEMS LISTED OR FOR SOME OTHER SPECIAL CONSIDERATION OR AUTHORIZATION. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR ELIGIBILITY FOR AND APPROVING OR DISAPPROVING THE SPECIAL CONSIDERATION OR AUTHORIZATION BEING REQUESTED. COMPLETION OF THE FORM IS MANDATORY, FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.			
1. NAME:		2. RATE:	
3. SHIP OR STATION:		4. DATE OF REQUEST: (YYYYMMDD)	
5. DEPARTMENT/DIVISION:		6. DUTY SECTION/GROUP: EAOS:(YYYYMMDD)/Contract Ending Date	
7. NATURE OF REQUEST: <input type="checkbox"/> LEAVE <input type="checkbox"/> SPECIAL LIBERTY <input type="checkbox"/> SPECIAL PAY <input type="checkbox"/> COMMUTED RATIONS <input checked="" type="checkbox"/> OTHER (BELOW)			
8. NO. OF DAYS REQUESTED: Work # - Personal #		FROM (DATE AND TIME): Navy Email Address	TO (DATE AND TIME): Personal Email Address
9. DISTANCE (MILES): N/A		MODE OF TRAVEL: <input type="checkbox"/> CAR <input type="checkbox"/> AIR <input type="checkbox"/> TRAIN <input type="checkbox"/> BUS	
10. LEAVE ADDRESS: Home: Work:		11. TELEPHONE NUMBER: Command Phone Number	
12. REASON FOR REQUEST: Request to participate in the Navy's Maternity Pilot Program. Expected delivery month is YY/MM. I have not received nor intend to receive a maternity allowance during this period of pregnancy.			
13. SIGNATURE OF APPLICANT: (Use CAC for digital signature) 			
14. I am eligible and obligate myself to perform all duties of person making application.		SIGNATURE OF STANDBY: 	DUTY STATION: Date of Eligibility (YYYYMMDD)
15. RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE:	SIGNATURE: 	DATE:
16. RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE:	SIGNATURE: 	DATE:
17. RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE:	SIGNATURE: 	DATE:
18. RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE:	SIGNATURE: 	DATE:
19. RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE:	SIGNATURE: 	DATE:
20. RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK/RATE/TITLE:	SIGNATURE: 	DATE:
21. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		SIGNATURE: 	
22. REASON FOR DISAPPROVAL:			