

RCOE New Accession Training (NAT)



For
CNRFC

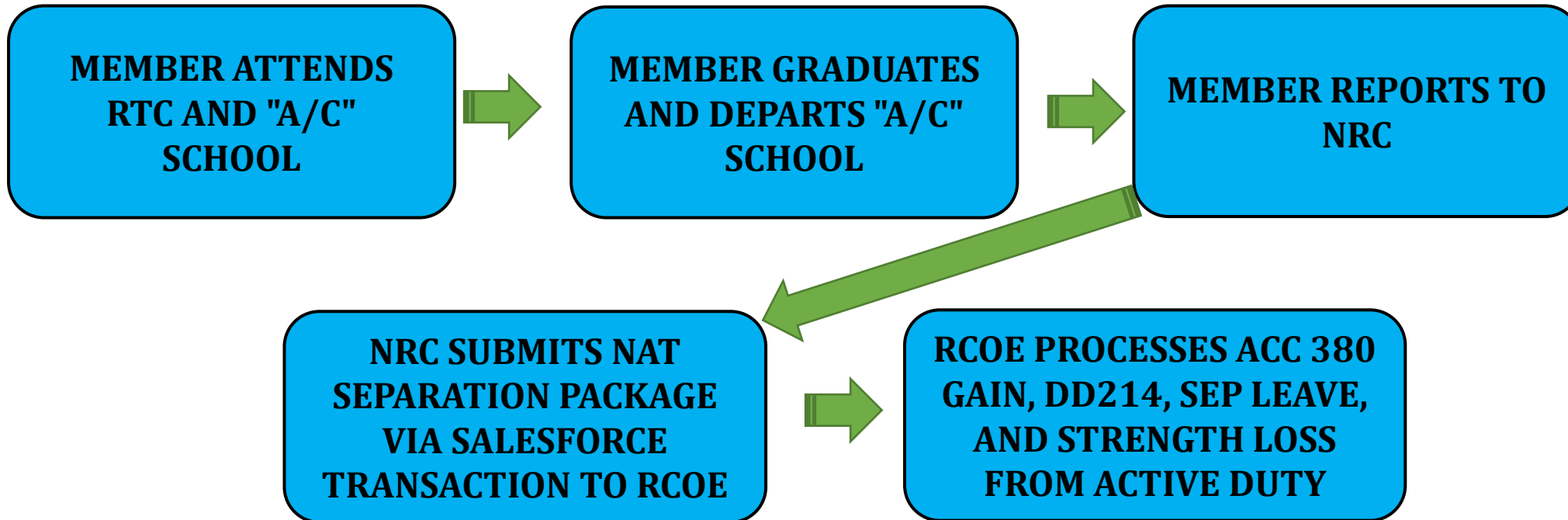


NEW ACCESSION TRAINING (NAT) SEPARATIONS

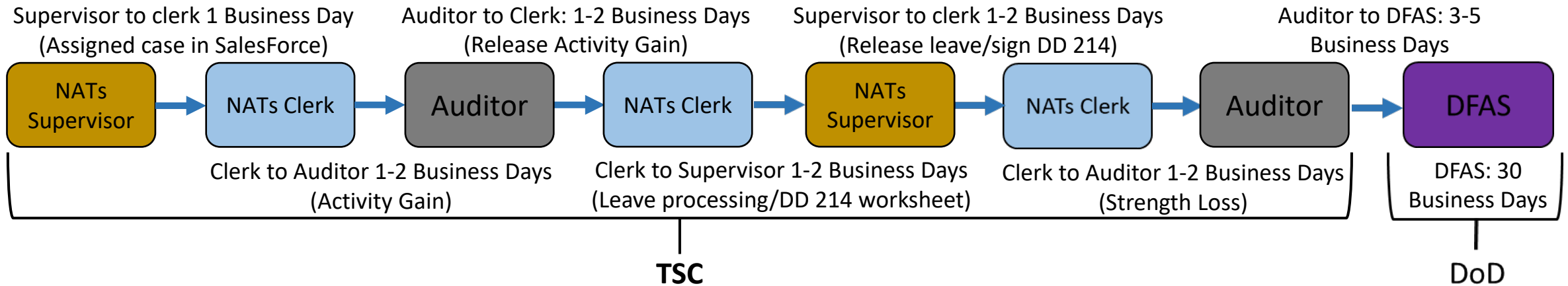
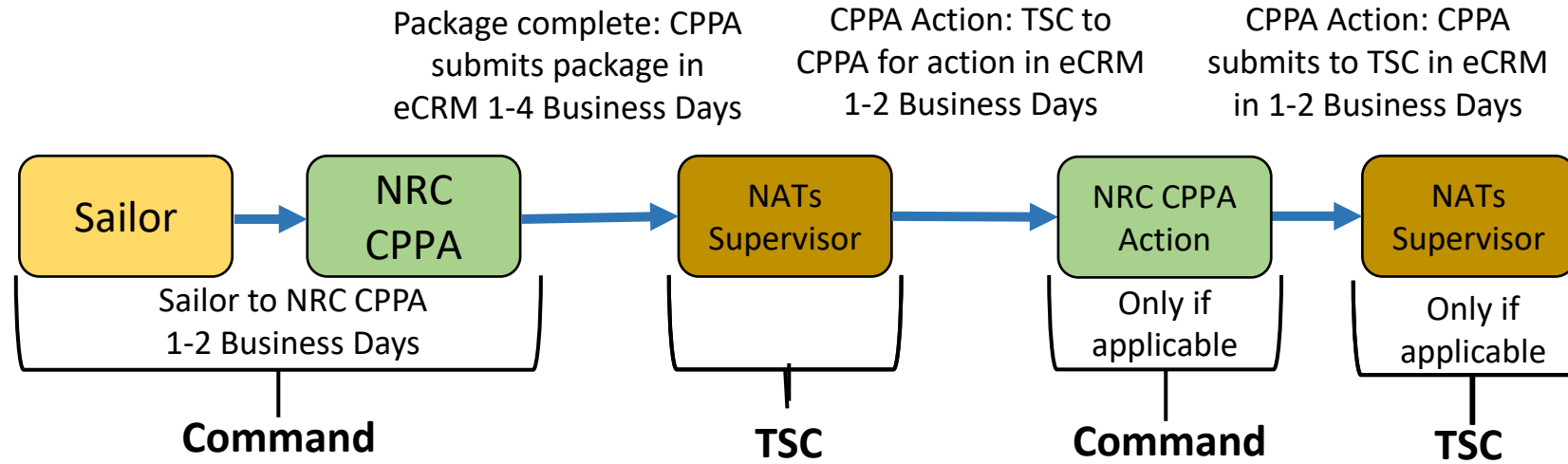


- New Accession Training (NAT) Guidelines
- NAT processing timeline
- Process flow for eCRM (Salesforce) submission
- Required Key Supporting Documents (KSDs)
- Common Errors and Issues
- NAT program Best Practices

NAT Guidelines



NAT Processing Timeline



NAT Separation Package Submission in eCRM



- When using eCRM, follow the instructions below:
- Use the following data:
 - Subject: *LAST, FIRST* NAT SEPARATION
 - Description: “NAT package submitted for “*RATE Last*” for processing of Activity Gain, DD 214, separation leave, and Strength Loss to the Reserves. All supporting KSDs attached.”
 - Request Type: Reserve Services
 - Problem Code: RES Deactivation-NATS
 - Effective Date: Date of Separation

eCRM Package Submission Example



New Case: PersPay Case

* = Required Information

Description

Internal Comments

Case Status Comment

* Subject

* Description

Case Information

Case Number

Date Submitted

* Effective Date

* Request Type

[View all dependencies](#)

* Problem Code

[View all dependencies](#)

* Routed To

[View all dependencies](#)

E3 Sailor Record

Name

DODID

Mailing Address

Rate

ITSN

Paygrade

E3

Phone

Mobile

Email

UIC

12345

Activity Name

STU IWTC VIRGINA BEACH VA

Click Next to display SSN

Next

NAT Separation Package KSDs



- KSDs in support of NAT Sailors for processing of Activity Gain, Separation Leave, Strength Loss, and DD 214 issuance are required to be submitted within four business days from member's reporting.
- The package shall consist of the following:
 - NSIPS Activity Gain panels 1 through 4 (saved as incomplete)
 - Endorsed Orders with applicable ORD MODs (endorsement required with departure date from training command and reporting date to NRC)
 - DD Form 1351-2 Travel Voucher or Sub-Voucher (w/blocks 2-8, 11-16, & 20 complete)
 - Flight itinerary
 - Command approved SECNAV 7000/8T (Leave authorization)
 - NPPSC 1900/5 (Rev. 03-2025) Reserve On Active Duty Deactivation Questionnaire
 - DD Form 4 Enlistment contract
 - "A" school completion certificate

NSIPS Activity Gain Panel 1 through 4



Activity Gain in NSIPS: Gains > Activity Gain > Use > Activity Gain – Create > Enter SSN

Report (Panel 1):

- Action Reason: TEM (Temporary Duty)
- UIC Report To: Ultimate duty UIC shown on orders
- Report Date: Date member reported to NRC/NRA (from endorsement on orders)
- Geographic Duty Location: Country of Duty station
- UIC received from: Last duty station detached from
- Loss Date: Date member detached prior duty station (from endorsement on orders)
- ACC: 380 (from orders)
- ADSN Indicator: Select No – ADSN is Changing

NSIPS Activity Gain Panel 1 through 4 cont.



Delay in Reporting (Panel 2):

- Zip code: NRC zip code for single Sailors and MMPA 68 line zip code for w/dependents
- BAQ Accom Status: 0 for single / 1 for dependent
- BAQ Type: 8 for single / blank for dependent
- Travel Time: # days authorized for travel (CP is 1 and PA is computed per DToD)
- Leave Time: # days remaining between detach and report date not accounted for in travel time
- Leave Type: I (PCS)

Misc Data (Panel 3):

- DIFFCREW Indicator: N, Y, or Z as per orders

Additional Reporting (Panel 4): N/A for NATs

Return to Report (Panel 1) > Appr Action > Select Incomplete > Save

Example NSIPS Activity Gain



Report

Delay in Reporting

Misc Data

Additional Reporting

Name:

Rank/Rate:

ITSR

Current DSC:

100

Appr Inst:

Appr Stat:

Pending

Appr Action:

Comments

Action Reason:

TEM

Temporary Duty

UIC Report To:

63099

NAVRESCEN JACKSONVILLE FL

Report Date:

02/03/2024

Geographic Duty Location:

US

United States

PSI-PRD:

UIC Received From:

30930

STU IWTC CORRY STA PENSACOLA

Loss Date:

02/02/2024

NAVRESCEN JACKSONVILLE FL

ACC:

380

TEM DU SEPROS-Pending Separation, Discharge, Release, or Retirement.

ADSN Indicator:

No - ADSN is Changing.

SDCD:

32 USNR

Save

Return to Search

Notify

Example NSIPS Activity Gain cont.



Name: [REDACTED] Rank/Rate: ITSR Current DSC: 100

BAS: ☐ Foreign Duty Pay ☐ Career Sea Pay Category: [V] Vessel Code: [V]

Zip Code: 32212 BAQ Accom Status: 0 BAQ Type: 8

Meal Deduction Type: [V]

Loss Date: 02/02/2024 Report Date: 02/03/2024 [DELREP History](#)

Travel Time: Days 1 Start Date 02/02/2024 Stop Date 02/02/2024

Proceed Time: [] [] []

Leave Time: [] [] [] Leave Type: []

Unaccounted Time: 0

Movement: Operational Date Arrived [] Date Depart []

Reason Code: [] CONUS: []

[Save](#) [Return to Search](#) [Notify](#)

AMF1 63099 ACTIVITY MASTER FILE DISPLAY 07/26/0710.44.44

RECORD TYPE UIC	PAY UIC 43081	PSD/PPD CODE 2705	DSSN 8371	MAILING ADDRESS COMMANDING OFFICER NAVY OPERATIONAL SUPPORT CENTE 966 AJAX STREET JACKSONVILLE FL 32212-0004
AREA COORD	ISIC	STATE FL	ZIP CODE 32212-0004	
ACCESS 7	TELEPHONE AREA CODE 942-3320	NUMBER EXT		
MESSAGE ADDRESS NAVOPSPTCEN JACKSONVILLE FL				
ROUTING INDICATOR RHMCSUU			PSA ROUTING INDICATOR:	

```
07 MJ: LB:3800 LC:9999 SA:H SX:1 TK:240109 TU:240808 TH:240708
FIXED/OPEN/HISTORY
35 BAQ* ENTRY-OPEN-DT 240328 04 04 1 ACTN 04 START 240326 ENTLMT-MM 0.15
ENTLMT 0.30 ENTLMT-NM 0.30 NR-DEPN 1 CLOST-DEPN A QTR-ASGN 2 QTR-ADQ 0
HELD-INDCTR 1
35-BAQ* ENTRY-OPEN-DT 240122 16 01 2 ENTRY-CLSD-DT 240328 04 04 1
CNTRL-CODE 2 ACTN 04 START 240109 STOP 240325 ENTLMT-MM -0.05 ENTLMT
-0.05 ENTLMT-NM 0.00 MNTLY-RATE 0.30 NR-DEPN 1 CLOST-DEPN A QTR-ASGN 1
QTR-ADQ 4 DISA-STOP-CHG-RSN 1 HELD-INDCTR 1
35-BAQ* ENTRY-OPEN-DT 240116 12 01 2 ENTRY-CLSD-DT 240122 16 01 2
CNTRL-CODE 6 ACTN 04 START 240109 STOP 240108 ENTLMT-MM 0.00 ENTLMT
0.00 ENTLMT-NM 0.00 MNTLY-RATE 7.80 NR-DEPN 0 CLOST-DEPN R QTR-ASGN 1
QTR-ADQ 3 DISA-STOP-CHG-RSN 1 HELD-INDCTR 1
68 BAH* ENTRY-OPEN-DT 240122 16 01 2 CNTRL-CODE 0 ACTN 01 START 240109
ENTLMT-MM 1,861.35 ENTLMT 3,722.70 ENTLMT-NM 3,722.70 ACCOM 1 ZIP-CODE
07112 RENT 9,999.00 SHARE-NR 1 RENT-STAT R PRCNTGE .00 PROTECTED-RATE
0.00 CLOST-DEPN
** END OF INQUIRY.
```

- Notes: (MPM 1050-082)
1. Travel time via Commercial Plane (CP)/Government Plane (GP) - usually one day
 2. Travel time via PA is calculated per Defense Table of Official Distances (DTOD).
days authorized = Total miles/350 (remainder of 51+ = 1 additional day of travel)
 3. Proceed time is **NOT** applicable for **NAT** program

Example NSIPS Activity Gain cont.



Name:	[REDACTED]	Rank/Rate:	ITSR	Current DSC:	100
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Assigned to Department Code:	<input type="text"/>	Address and Phone	RED/DA
Assigned to Division Code:	<input type="text"/>	Citizenship:	U.S. Citizen by Birth
Assigned to Shop Code:	<input type="text"/>	Sex:	Female
BSC:	<input type="text"/>	Limited Duty Designator:	
<input type="checkbox"/> FSA Eligibility Indicator		Special Category Detail Code:	
		Special Program Indicator:	3
PSA/PSD Code:	2705	Dependency Prim./Sec.:	0 / 0
Clerk ID:	<input type="text"/>	PNEC/SNEC:	745A /
Distribution Code:	<input type="text"/>	NOBC:	

DIFFCREW Indicator:	<input type="text" value="Z"/> Not Aircrew
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[Save](#) [Return to Search](#) [Notifv](#)

----- INTERMEDIATE (10) ACTIVITY (M) -----

- BECAUSE ABOVE SHIP, OR SHIP BASED UNIT, MAY BE DEPLOYED AWAY FROM ITS HOME PORT, MEMBER DIRECTED TO PROCEED TO THE PORT IN WHICH ABOVE UNIT MAY BE LOCATED. UPON ARRIVAL REPORT CO OF UNIT FOR ABOVE DUTY.
- MEMBER DIRECTED: FOR EACH INTERMEDIATE STOP, IF GOVERNMENT QUARTERS ARE AVAILABLE (BQ/SHIPBOARD BERTHING) AND THE BASE HAS A GOVERNMENT MESS APPROPRIATED FUND FOOD SERVICE ACTIVITY/GALLEY AVAILABLE TO THE TRAVELER, USE OF THE GOVERNMENT MEAL PER DIEM RATE IS DIRECTED. IF GOVERNMENT MESSING IS NOT AVAILABLE OR IS PARTIALLY AVAILABLE, OBTAIN AN ENDORSEMENT TO THAT EFFECT FROM THE HOST COMMAND. JTR PARA U4400 APPLIES.
- MEMBER ASSIGNED TO **DUTY INVOLVING FLYING (DIFCREW)** AS A NAVAL AIRCREWMAN IAW PROVISIONS OF BUPERSINST 1326.4 (SERIES). MEMBER IS ENTITLED TO CARBER ENLISTED FLYER INCENTIVE PAY (CEFIP). FAILURE TO OBLISERV WILL RESULT IN DIFCREW REVOCATION.

Travel Voucher (DD Form 1351-2)



- The travel voucher (DD Form 1351-2) is used to calculate elapsed time for processing the Activity Gain.
- Travel voucher must match the endorsements on the member's orders.
- Annotate all transit time to ensure member is properly accounted for from date of departure from the training command to the date of report to the NRC/NRA.
- Ensure member completes blocks 2 - 8, 11 - 16d, and 20.
- Ensure command completes blocks 20a - 21d.

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.					
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____							
2. NAME (Last, First, Middle Initial) (Print or type)			3. GRADE E3	4. SSN		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA			
6. ADDRESS: a. NUMBER AND STREET		b. CITY JACKSONVILLE		c. STATE FL	d. ZIP CODE 32022				
e. E-MAIL ADDRESS						10. FOR D.O. USE ONLY			
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER AUTHORIZATION NUMBER 4567		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		a. D.O. VOUCHER NUMBER			
11. ORGANIZATION AND STATION NRC JACKSONSONVILLE FL				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		b. SUBVOUCHER NUMBER			
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		c. PAID BY			
16. ITINERARY				15. COMPLETION		SAMPLE			
a. DATE 2024		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP			e. LODGING COST	f. POC MILES
1020 DEP		STU CRUIT TRA COMD GREAT LAKES, IL		CP					
1020 ARR		STU NTTC MERIDIAN, MS			TD				
1105 DEP				CP					
1105 ARR		JACKSONVILLE, FL			LV				
1106 DEP				PA					
1106 ARR		NRC JACKSONVILLE, FL			MC				
DEP									
ARR									
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16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/>		<input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL		(4) Dependent Travel		
18. REIMBURSABLE EXPENSES				<input checked="" type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS		(5) OLA		
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED			(6) Reimbursable Expenses		
						(7) Total		
						(8) Less Advance		
						(9) Amount Owed		
						(10) Amount Due		
				19. GOVERNMENT/DEDUCTIBLE MEALS				
		a. DATE	b. NO. OF MEALS			a. DATE	b. NO. OF MEALS	
20.a. CLAIMANT SIGNATURE								b. DATE
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
c. REVIEWER'S PRINTED NAME			d. REVIEWER SIGNATURE			e. TELEPHONE NUMBER		f. DATE
			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
21.a. APPROVING OFFICIAL'S PRINTED NAME			b. SIGNATURE			c. TELEPHONE NUMBER		d. DATE
			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
22. ACCOUNTING CLASSIFICATION								
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
23. COLLECTION DATA								
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/ AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID

Controlled by: DFAS Exception to SF 1012 approved by GSA/IRMS 12-91.
CUI Category: PRIVCY
LDC: FEDCON
DOI: dfrs is designated as and sub-forms and sub-forms will

15

NPPSC 1900/1 (Rev 12-2024) Separation Questionnaire



- NPPSC 1900/5 used to complete member's DD 214 worksheet.
 - Information must be legible to the TSC clerk.
 - Recommended the form be typed to avoid errors.
 - The questionnaire needs to be signed by member and Commanding Officer or designee to verify accuracy.
 - Ensure the member completes section I (blocks 1 -16b), section III and section IV(blocks 1-7) on page 2.
 - Section II medical/dental endorsement needs to be signed and verified by the NRC. Per MILPERSMAN 1133-090, if the member has a valid physical exam within 24 months from date of enlistment, then no additional screening or physical examination is required.

Example NPPSC 1900/1 (PG 1)



RESERVE ON ACTIVE DUTY DEACTIVATION QUESTIONNAIRE NPPSC 1900/5 (03-2025)		PREVIOUS EDITIONS OBSOLETE Supporting Directive NPPSCINST 5213.1B	
PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; E.O. 9397 (SSN), as amended. PURPOSES: To help the Command Pay and Personnel Administrator (CPPA) and supporting Transaction Service Center (TSC) simplify and explain separation procedures to ensure compliance with directives. ROUTINE USES: Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. This routine use applies to Department of Defense (DoD) and Department of the Navy (DON) personnel who facilitate separation administrative actions and advances for Service members. DISCLOSURE: Mandatory. Failure to provide required information may inhibit timely separation of Service members.			
I. General Information (to be completed by Service member). Prefer blocks 1-16 typed to reduce delays. Early verification of electronic service record will reduce delays in DD 214 processing.			
1. Rate/Rank:	2. Name (Last, First, MI):	3. DoD ID:	4. Date:
5. Departure Date (date departing active duty command):		6. Personal E-mail Address:	
7. Type of Separation: <input type="checkbox"/> DEMOB <input type="checkbox"/> ADOS <input type="checkbox"/> RECALL/CANREC <input type="checkbox"/> AT/ADT (90 days or more) <input type="checkbox"/> NAT			
8. Leave Intentions:		9. What is the Service member's method of travel upon departure? <input type="checkbox"/> POV <input type="checkbox"/> COMM AIR	
a. Number of leave days member is taking:	10. Separation Date (estimated):		
b. Number of leave days member is selling:	11. AOS/EOLN:		
c. Number of leave days carrying-over:			
12. Mobilization Information:			
a. Were you stationed overseas during this MOB? If so, what location and/or theater?			
b. Were you mobilized under any of the following actions (current or previous): <input type="checkbox"/> 12301(a) <input type="checkbox"/> 12302 <input type="checkbox"/> 12304 <small>Bring PRIOR MOB/DEMOB orders & extensions, ORD MOB orders & extensions.</small>			
13. Officers Only:			
a. Were you commissioned through service academy? <input type="checkbox"/> Yes <input type="checkbox"/> No		b. Were you commissioned through ROTC Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Complete Mailing Address as of:			
a. Street Address:			
b. City:		c. State:	d. Zip Code:
15. Complete Mailing Address of Service Member's Nearest Relative:			
a. Name:		b. Relationship:	
c. Street Address:			
d. City:		e. State:	f. Zip Code:
16. DD 214 Certificate of Release or Discharge from Active Duty:			
a. Request Copy of DD 214 be sent to the State of: <input type="text"/>		b. Request Copy of DD 214 be sent to the Central Veteran's Affairs Office in Washington DC: <input type="text"/>	

Example NPPSC 1900/1 (PG 2)



RESERVE ON ACTIVE DUTY DEACTIVATION QUESTIONNAIRE NPPSC 1900/1 (03-2025)		PREVIOUS EDITIONS OBSOLETE Supporting Directive NPPSCINST 5213.1B
III. Medal Awards (to be completed by Service Member). Honors and awards in NPPSC must be updated and verified by Command/CPA prior to submitting a case. If member will receive an end of tour award, provide award certificate or approved CPNCR 1900.2 with the separation package.		
1. Enter the total number for each award. Documentation of the award may be requested.		
Medal of Honor	PCW Medal	Navy Recruit Training Service Medal
Navy Cross	Navy Good Conduct Medal	Armed Forces Reserve Medal
Defense Distinguished Service Medal	Naval Reserve Medal (USN) Service Medal	Naval Reserve Medal
Distinguished Service Medal	Navy Expeditionary Medal	Philippine Presidential Unit Citation
Silver Star	National Defense Service Medal	Republic of Korea Presidential Unit Citation
Defense Superior Service Medal	Norfolk Service Medal	Republic of Vietnam Presidential Unit Citation
Legion of Merit	Annapolis Service Medal	United States Navy Presidential Unit Citation
Distinguished Flying Cross	Armed Forces Expeditionary Medal	United States Navy Presidential Unit Citation
Navy and Marine Corps Medal	United States Service Medal	United States Navy Presidential Unit Citation
Defense Star	Southwest Asia Service Medal	United States Navy Presidential Unit Citation
Purple Heart	United States Service Medal	United States Navy Presidential Unit Citation
Defense Meritorious Service Medal	Algeria Service Medal	United States Navy Presidential Unit Citation
Meritorious Service Medal	Red Cross Medal	United States Navy Presidential Unit Citation
All Medal	United States Service Medal	United States Navy Presidential Unit Citation
Joint Service Commendation Medal	United States Service Medal	United States Navy Presidential Unit Citation
Navy and Marine Corps Commendation Medal	United States Service Medal	United States Navy Presidential Unit Citation
Joint Service Achievement Medal	United States Service Medal	United States Navy Presidential Unit Citation
Navy and Marine Corps Achievement Medal	United States Service Medal	United States Navy Presidential Unit Citation
Combat Action Medal	United States Service Medal	United States Navy Presidential Unit Citation
Readiness Medal	United States Service Medal	United States Navy Presidential Unit Citation
Joint Merit Medal	United States Service Medal	United States Navy Presidential Unit Citation
Navy Unit Commendation Medal	United States Service Medal	United States Navy Presidential Unit Citation
Navy Meritorious Achievement Medal	United States Service Medal	United States Navy Presidential Unit Citation
Navy "D" Ribbon	United States Service Medal	United States Navy Presidential Unit Citation
Other Awards/Not Listed (Include Prerequisite Qualifications and Other Service Awards)		
IV. Signature		
1. Service Member Name	2. Service Member Signature	3. Date
4. Recommended for Promotion (for Enlisted Only) <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Commanding Officer or Designee Name	6. Commanding Officer or Designee Signature	7. Date

Separation Leave (SECNAV 7000/8T)



- IAW **MILPERSMAN 1133-090**, upon completion of NRC processing, member shall be placed on separation leave.
- If the member does not have enough leave to cover the entire processing period, the NRC has the authority to muster the member physically or via telephone until the separation date.
- Unused leave shall be sold back upon release from the active component.
- NOTE: To ensure proper accounting of leave days, NRC will submit a command approved separation leave request with the from and to dates blank.

Example Separation Leave (SECNAV 7000/8T)



LEAVE REQUEST/AUTHORIZATION

INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON PAGE 2
SECNAV M-7000.1

SEE PAGE 2 FOR
PRIVACY ACT
STATEMENT

1. DATE OF REQUEST 250301		2. FOR ADMIN. USE ONLY APPROVAL OF THIS LEAVE IS NOT VALID WITHOUT CONTROL NO.		LEAVE CONTROL NO. →	
3. LAST FOUR SSN		4. NAME (Last, First, MI)		5. PAYGRADE E3	
6. SHIP/STATION NRC JACKSONVILLE FL		7. DEPT/DIV	8. DUTY SECTION	9. DUTY PHONE	
10. TYPE LEAVE <div><div><input type="checkbox"/> REGULAR</div><div><input type="checkbox"/> SICK</div><div><input type="checkbox"/> EMERGENCY</div><div><input checked="" type="checkbox"/> SEPARATION</div><div><input type="checkbox"/> RETIREMENT</div><div><input type="checkbox"/> OTHER</div></div>		FOR USE OUTUS ONLY 11a. Leaving Area of PERMDUTYSTA <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div> 11b. Taking Leave INCONUS <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div>		12. MODE OF TRAVEL <div><div><input type="checkbox"/> AIR</div><div><input type="checkbox"/> BUS</div><div><input type="checkbox"/> CAR</div><div><input type="checkbox"/> TRAIN</div></div>	
13. DAYS REQUESTED		14. FROM (Hour, Date) (YYMMDD)		15. TO (Hour, Date) (YYMMDD)	
17. LEAVE BALANCE DAYS AS OF		18. LEAVE USED THIS FY		16. NORMAL WORKING HOURS DAY OF DEPARTURE: FROM: 0730 TO: 1630 DAY OF RETURN: FROM: 0730 TO: 2359	
20. LEAVE ADDRESS		19. LEAVE PHONE		21. RATION STATUS (Enlisted) <div><div><input type="checkbox"/> COMMUTED RATIONS (COMRATS)</div><div><input type="checkbox"/> Meal Pass No. Entitled to EDF meals except during periods of leave</div></div>	
I CERTIFY THAT I HAVE SUFFICIENT FUNDS TO COVER THE COST OF ROUND TRIP TRAVEL. I UNDERSTAND THAT SHOULD ANY PORTION OF THIS LEAVE, IF APPROVED, RESULT IN MY TAKING MORE LEAVE THAN I CAN EARN ON MY CURRENT UNEXTENDED ENLISTMENT OR CURRENT ACTIVE DUTY ASSIGNMENT, MY PAY WILL BE CHECKED FOR SUCH EXCESS LEAVE.				22. SIGNATURE OF APPLICANT	
RECOMMENDED <div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div>				DATE	
<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div>				DATE	
<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div>				DATE	
<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div>				DATE	
23. APPROVED <div><input checked="" type="checkbox"/></div>		DISAPPROVED <div><input type="checkbox"/></div>		REVIEWING OFFICER'S NAME AND SIGNATURE	
				DATE	
24. COMMENTS/REMARKS					

Common Errors and Issues



- Orders uploaded missing detaching endorsement from training command and/or reporting endorsement from NRC/NRA.
- NPPSC 1900/5 (Separation Questionnaire) has missing or incorrect data (i.e., block 15 lists non-relative)
- DD Form 1351-2 (Travel Voucher) has missing or incorrect data (i.e. departure and arrival dates do not align with endorsements on orders)
- Transactions not submitted in a timely manner can result in delay of final pay and may require DWOWS trouble ticket submission
- Uploading non-applicable documents adds to processing time.



- Monitor command Projected Gain (PG) list for NAT Sailors
- Submit NAT separation package in eCRM within one business day of member reporting to NRC/NRA
- Track NAT transactions in eCRM to completion
- Complete CPPA action within two business days
- Fill out forms electronically vice handwritten to ensure documents are legible
- Ensure scanned KSDs are legible before uploading to case
- Keep up-to-date on OPS Alerts to ensure CPPAs are following changes to processes and forms

References:



- BUPERSINST 1900.8F, Certificate of Release or Discharge from Active Duty
- MILPERSMAN 1133-090, New Accession Training (NAT) Program
- OPS Alert 005-25, Updated NPPSC Forms 1800/1, 1900/1, 1900/2, 1900/3, 1900/4, 1900/5, 1900/6, 4650/1, AND 7220/5
- OPS Alert 018-24, Activity Gain Updates - Discontinue Use of Activity Report in NSIPS and Complete Activity Gains Panels 1 through 4
- MyNavyHR: <https://www.mynavyhr.navy.mil/Support-Services/MyNavy-Career-Center/Pers-Pay-Support/CPPA-Resources/>
- RESPERSMAN 1150-050, Personnel Strength Gain Transactions
- Defense Table of Official Distances (DToD) <https://dtod.transport.mil/Default.aspx>.

QUESTIONS?

