

PCS REQUEST CHECKLIST

Name: _____ SSN: _____

Anticipated Move Date:

Old Duty Station Address:

New Duty Station Address:

Old Residence (Moving From) Address:

New Residence (Moving To) Address:

Date and Purpose of Previous PCS Move:

Is the Soldier Married to another AGR Soldier:

Is this move going to be a DITY move or a Govt Bill of Lading (GBL):

Without/Without dependents (list dependents/DOB):

Completed by Soldier:

_____ I understand that a PCS may be approved only if it is mission essential, in the Government's best interest and not primarily for my convenience per JFTR Chapter 5 U5355.

_____ I understand that a PCS move is authorized only after REQUESTED by my Administrative Officer (AO) or Director and approved by the AGR Manager.

_____ I understand that if any advance funds are used and the move is canceled, I am liable to repay those funds.

_____ I understand that I have 12 months from the date of my PCS orders to move, or my orders may be revoked.

Soldier Printed Name, Rank, Signature and Date

Completed by Administrative Officer or Director (Must be O5/LTC or higher):

_____ I certify that this PCS is mission essential, in the Government's best interest and not primarily for the Soldier's convenience per JFTR Chapter 5 U5355.

AO / Director Printed Name, Rank, Signature and Date (O-5/LTC or higher)