DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY
PSC 817 BOX 1
FPO AE 09622-0001

NAVSUPPACT NAPLES INST 5060.2E
N00E
30 SEP 2011

NAVSUPPACT NAPLES INSTRUCTION 5060.2E

From: Commanding Officer, U.S. Naval Support Activity, Naples, Italy

Subj: FLEET RESERVE/RETIREMENT CEREMONIES

Ref: (a) MILPERSMAN 1800-010

Encl: (1) NAVPERS 1336/3
(2) FLEET RESERVE/RETIREMENT WORKSHEET
(3) FLEET RESERVE/RETIREMENT INFORMATION SHEET

1. Purpose. To provide guidance for the planning and conduct of Fleet Reserve/Retirement Ceremonies for members of this command.

2. Cancellation. NAVSUPPACT NAPLES INST 5060.2D.

3. Background. Per reference (a), transfer to the Fleet Reserve or Retirement shall be preceded by an appropriate ceremony, during which the Navy's appreciation for years of faithful and honorable service will be expressed to the retiree. Such ceremony shall include a suitable assemblage from the command, and the Commanding Officer shall cite awards, commendations, and other career highlights and make such remarks in bidding farewell as are appropriate.

4. Action. A member's formal request to not have a retirement ceremony will be noted on the Fleet Reserve/Retirement worksheets and enclosures (1) through (3). This decision will be irrevocable. Otherwise, the member's department will make arrangements and conduct the ceremony unless a specific ceremony coordinator is requested by the member. Sequence of events suggestions are available from the Command Career Counselor.

C. S. GRAY

Distribution:
NAVSUPPACT NAPLES INST 5216.4Z
Lists: I and II
Electronic via NAVSUPPACT NAPLES web site:
https://www.cnic.navy.mil/Naples/About/Departments/Administration/AdministrativeServices/Instruction/index.htm

30 SEP 2011

SPECIAL REQUEST/AUTHORIZATION

SUPPORTING DIRECTIVE MILPERSMAN ARTICLES 1810-010 AND 1810-040

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: U.S. Naval Support Activity Naples, Italy	4. DATE OF REQUEST: (YYYYMMDD)
5. DEPARTMENT/DIVISION:	6. DUTY SECTION/GROUP: N/A

7. NATURE OF REQUEST: ☐ LEAVE ☐ SPECIAL LIBERTY ☐ SPECIAL PAY ☐ COMMUTED RATIONS ☒ OTHER *(BELOW)*

8. NO. OF DAYS REQUESTED:	FROM *(DATE AND TIME)*:	TO *(DATE AND TIME)*:
N/A	N/A	N/A

9. DISTANCE *(MILES)*:	MODE OF TRAVEL:
N/A	☐ CAR ☐ AIR ☐ TRAIN ☐ BUS

10. LEAVE ADDRESS:	11. TELEPHONE NUMBER:

12. REASON FOR REQUEST:
Respectfully request to transfer to the Fleet Reserve / Retire on DD Mmm YYYY.

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:

	RANK/RATE/TITLE:	SIGNATURE:	DATE:
15. RECOMMENDED APPROVAL ☐ YES ☐ NO			
16. RECOMMENDED APPROVAL ☐ YES ☐ NO			
17. RECOMMENDED APPROVAL ☐ YES ☐ NO			
18. RECOMMENDED APPROVAL ☐ YES ☐ NO			
19. RECOMMENDED APPROVAL ☐ YES ☐ NO			
20. RECOMMENDED APPROVAL ☐ YES ☐ NO			

21. ☐ APPROVED ☐ DISAPPROVED	SIGNATURE:

22. REASON FOR DISAPPROVAL:

FLEET RESERVE/RETIREMENT WORKSHEET (PRINT ALL INFORMATION LEGIBLY) Page 1 30 SEP 2011

**NAVPERS 1336/3 (SPECIAL REQUEST CHIT) REQUIRED WITH THIS FORM

LAST NAME, FIRST, MI, RATE(DESIGNATOR), SSN	DEPT:	DIV:	
FLEET RESERVE/RETIREMENT DATE REQUESTED:	PHONE NUMBER:	# YEARS OF SERVICE	DATE REQUESTED TO DETACH FROM COMMAND

RETIREMENT CEREMONY REQUESTED: ☐ YES ☐ NO

DATE AND TIME OF CEREMONY (As Applicable):

RETIREMENT CEREMONY COORDINATOR:

/

(DD MMM YY) (TIME)

SIGNATURE OF RETIREMENT CEREMONY COORDINATOR (IF APPLICABLE)

ADSD:	EAOS/EXTENSION: / MONTHS OF EXTENSION (As Applicable)	PRD:

SPOUSE'S FULL NAME: (If Applicable)	MEPS STATION (CITY/STATE/COUNTRY [IF OCONUS])

ETHNIC GROUP	RECRUIT TRAINING LOCATION:

GOVERNOR'S LETTER FROM THE STATE OF (Provide either Home Of Record/State in which you will retire)

WARFARE DESIGNATORS (Circle ALL that apply)

SW AW MTS SS CC SEAL EOD DV MDV SCW FMF PJ NAC

CHILD'S FULL NAME:	CHILD'S FULL NAME:
CHILD'S FULL NAME:	CHILD'S FULL NAME:

LIST OF COMMANDS: (List from first to last). JUST INCLUDE commands PCS to. NO ABBREVIATIONS OR ACRONYMS PLEASE!! For ships, list name and hull number. For shore commands, list name and location.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

LIST OF AWARDS: (List all NAVY awards in order of precedence. Include any/all gold/bronze stats (e.g., Good Conduct Medal w/3 Bronze Stars).

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

I Certify the information contained on Page 1 is correct to the best of my knowledge. I will inform my Division/Department Career Counselor if there are any changes.

Signature/Date: _____/_____

DIVISION/DEPARTMENT CAREER COUNSELOR USE ONLY

RETIREMENT PHYSICAL (STARTED)	☐ YES	☐ NO	**MAT/TWLT/WAIVER**	☐ YES ☐ NO
CO RECOM ADV	☐ YES	☐ NO	a) Does member require MIN Activity Tour waiver or PRD adjustment? Adjust to: _____	
OBLISERV (Does MBR need?)	☐ YES	☐ NO	**NOTE:** CCC Can put PRD Adjustment request in UN4 Screen of FORMAN/OPINS.	
CONTACT RELIEF REQUIRED	☐ YES	☐ NO	b) For 30-yr retirement requesting Twilight Tour enter "**YES**"	
RETIREMENT DATE REQUESTED YR / MM / DD			**PRIOR SERVICE**	☐ YES ☐ NO
CANCEL PREVIOUS REQUEST? **REASON**: (**M**=Member, **O**=Other)	☐ YES	☐ NO	**REVW-HERO-BENE** (Does mbr require record review for consideration of entitlement benefits of extraordinary heroism **?**)	☐ YES ☐ NO
GOOD CONDUCT (Eligible)	☐ YES	☐ NO		
USNR (Is the Member?)	☐ YES	☐ NO	**DAYS LEAVE REQUESTED** (i.e., 060) _____ (**3 digits**)	
SOFT EAOS REQ TIME (MBR EAOS IS BEFORE REQ DATE AND MBR HAS EXECUTED EXTENSION?)	☐ YES	☐ NO	**DAYS OF PTDY REQUESTED** (i.e., 020) _____(**3 digits**) NOTE: Mbr can request **030** days if member's will be processed overseas (eg, Hawaii, Guam, Phillipines, etc..).	
TAR (Is MBR TAR?)	☐ YES	☐ NO		

CCC verified that service member is eligible for FLTRES/Retirement _____
INITIALS/DATE

PRIVACY ACT STATEMENT

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SIGNATURE OF APPLICANT: _____ **DATE:** _____

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FLEET RESERVE/RETIREMENT INFORMATION SHEET

NAME: RATE: SSN: - -

FLTRES/RET DATE: PTDY DATE: LV DATE:

PERMANENT MAILING ADDRESS AFTER RETIREMENT:

HOME PHONE NUMBER ( ) -

PHONE NUMBER AFTER RETIREMENT: ( ) -

PRESENT WORK PHONE NUMBER: ( ) -

I REQUEST A COPY OF MY DD-214 TO BE SENT TO DIRECTOR OF VETERANS AFFAIRS.
(State)

NEAREST RELATIVE: RELATIONSHIP: _____

_____
(COMPLETE MAILING ADDRESS)

IF MOVING OUT OF THE AREA WITHIN 90 DAYS FROM YOUR RETIREMENT DATE. DO YOU WISH TO REQUEST ADVANCE TRAVEL? (CHECK ONE).

YES ☐ NO ☐

DO YOU WISH TO PICK UP YOUR FINAL SEPARATION PAPERS OR HAVE THEM MAILED TO YOUR HOME ADDRESS AFTER YOUR FLTRES/RETIREMENT EFFECTIVE DATE? (CHECK ONE).

MAIL ☐ PICK-UP ☐

I UNDERSTAND THAT TO ENSURE SMOOTHEST POSSIBLE COMPLETION OF SEPARATION PROCESSING. I WILL COMPLETE THE FOLLOWING IN A TIMELY MANNER.

1. **RETIREMENT PHYSICAL**: YOUR PHYSICAL NEEDS TO BE LABELED AS RETIREMENT PHYSICAL IN ORDER FOR IT TO BE VALID. 5-YEAR PHYSICAL IS NOT VALID FOR RETIREMENTS/FLTRES. MEDICAL AND DENTAL RECORDS NEED TO BE TURNED OVER TO FLTRES/RETIREMENT CLERK PRIOR TO COMMENCING PTDY/LEAVE, OR NO LATER THAN 2-WEEKS PRIOR TO RETIREMENT DATE. (IT IS RECOMMENDED THAT YOU MAKE YOUR OWN COPIES OF YOUR MEDICAL/DENTAL RECORDS).

2. **DD FORM 2656 (SURVIVOR BENEFIT PLAN)**: TO BE COMPLETED AND GIVEN TO YOUR RETIREMENT CLERK NO LATER THAN 30 DAYS PRIOR TO RETIREMENT DATE. (IF YOU HAVE A SPOUSE AND NOT ELECTING COVERAGE, SPOUSE'S SIGNATURE AND WITNESS' SIGNATURE IS **MANDATORY**!. MAKE SURE THAT BOTH SPOUSE'S SIGNATURE AND WITNESS' SIGNATURE ARE DATED THE SAME DAY!).

3. **RETAP/SETAP**: MUST BE COMPLETED PRIOR TO COMMENCING PTDY OR RETIREMENT/FLTRES LEAVE.

4. **ENSURE YOUR SERVICE RECORD IS UPDATED**: WE ARE HERE TO PROCESS YOUR RETIREMENT. CLERKS WILL ONLY USE ENTRIES MADE IN YOUR SERVICE RECORD TO COMPLETE YOUR DD-214. IF YOUR SERVICE RECORD IS NOT UPDATED, WE NEED SUPPORTING DOCUMENTS BEFORE WE CAN INPUT INFORMATION ON YOUR DD-214.

5. **CHECK-OUT SHEET**: CHECK OUT SHEET MUST BE PROVIDED TO FLTRES/RETIREMENT SECTION PRIOR TO COMMENCING PTDY, FLTRES/RETIREMENT LEAVE.

I ACKKNOWLEDGE THE ABOVE INFORMATION: _____
(SIGNATURE)

Enclosure (3)