



DEPARTMENT OF THE NAVY
COMMANDING OFFICER
NAS PENSACOLA
190 RADFORD BLVD
PENSACOLA, FLORIDA 32508-5217

IN REPLY REFER TO

NASPNCLAINST 1336.1E
Code N04C

MAY 22 2009

NASPNCLA INSTRUCTION 1336.1E

Subj: PROCESSING OF SPECIAL REQUEST CHITS

Ref: (a) OPNAVINST 3120.32C

Encl: (1) Administrative Chain of Command for Special Request Chits
(2) Early Out Request Checklist
(3) Request to Extend Enlistment
(4) Reenlistment Request

1. Purpose. To establish policy and issue procedures for submission and processing of Special Request Chits (NAVPERS 1336) per reference (a).

2. Cancellation. NASPNCLAINST 1336.1D

3. Background. Special Request Chits are used for a wide variety of requests. Since all Special Request Chits are of significant importance to the individuals submitting them and to the command, they must be handled expeditiously.

4. Policy. Command policy for the submission and handling of Special Request Chits, including leave requests, is as follows:

a. The Chain of Command shall be followed when submitting a Special Request Chit. The internal routing for typical Special Request Chits is shown in enclosure (1).

b. To ensure orderly and timely processing, chits will be submitted by the member at least 5 working days prior to the date of the desired action (i.e., special liberty, exchange of duty, etc.) when the individual's Department Head or Division Officer has the authority to approve the request. Processing time for these chits will be set at 3 working days.

c. When the request requires the approval of higher authority (i.e., CO, XO) the chit will be submitted by the member at least 7 working days prior to the date of the desired action. Requests shall be processed within 2 working days at the Departmental level and forwarded to the next appropriate level within the Chain of Command. Each subsequent level will ensure the request is processed expeditiously to ensure it reaches the final approval/disapproval authority within 5 days of submission. The exception to this rule is a request for CO's Mast, which will be processed immediately and answered within 2 days.

d. Requests for early separation will be accompanied by a completed Early Out Request Checklist, enclosure (2). Requests for extension of enlistment/reenlistment will be accompanied by a completed Request to Extend Enlistment/Reenlistment Request Checklist, enclosure (3).

e. The Commanding Officer is the final disapproval authority on all special requests, including leave, except where specific authority has been delegated to the Executive Officer.

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5. Responsibilities. Both the person making the request and the chain of command shares responsibility for the submission, consideration, research, and return of Special Request Chits. The person submitting the chit is responsible for preparing the Special Request Chit in triplicate; providing a clear, concise reason for the request; and timely submission to permit proper processing. The Department to which the member is assigned is responsible for the proper research and staffing of each request. Chops will include date signed and the individual's code. Do not assume the final approving authority understands all the circumstances regarding the request. If the chit is incomplete, it will be returned to the Department for clarification.

6. Processing Procedures

a. In order to maintain accountability and status of all chits, each Department shall maintain a request chit log in the format provided in enclosure (4). A designated point of contact will manage this log.

b. All chits requiring final approval above or outside of the Department chain of command will be delivered to the Administrative Officer. The Administration Department will ensure all proper authorities have chopped on the request. Upon final approval, the Administrative Leading Chief Petty Officer or Administrative Leading Petty Officer will ensure the chit is returned to the Department for delivery to the member. The Department Head is responsible for ensuring quality feedback/counseling is given to each member. Comments on information annotated on the chit/form will aid the counselor in this venture. Where further actions are required by a Department (i.e., transfer request, special pay, etc.), a copy of the approved chit will be returned to the member and the original chit forwarded to the cognizant code.

c. Commanding Officer's Request Mast chits will be accompanied by appropriate documentation, except for those of a strictly personal nature, and must be discussed at all levels of the chain of command prior to the individual visiting the Commanding Officer. In the event of an emergency, verbal permission from the Department Head, Executive Officer, and Commanding Officer will be sufficient approval for the Request Mast. The Commanding Officer's Executive Secretary will maintain a record and a copy of the annotated chit for file purposes. Request Mast chits will not be stopped at any level of the chain of command unless withdrawn by the person submitting the chit.

d. Special Request Chits of an emergency nature should be walked through by a designated member, E6 or above, of the chain of command.

7. Action. All personnel shall comply and follow the procedures as outlined in this instruction. The only deviation from the above procedures will be those pertaining to a request of an emergency nature or that would cause undue hardship on the member concerned.


WILLIAM P. REAVEY

Distribution:

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ADMINISTRATIVE CHAIN OF COMMAND FOR SPECIAL REQUEST CHITS

NATURE OF REQUEST CHIT	SWO	DEPT	DH	CCC	CMDCM	ADMIN	XO	CO	BEQ	MGR	PA	LEGEND
ADVANCE PAY/SPECIAL PAY	X	X			X	X	X		X*			SWO=SENIOR WATCH OFFICER
EARLY SEPARATION		X	X	X			X	X	X*			CCC=COMMAND CAREER COUNSELOR
ELECTIVE SURGERY		X	X		X		X		X*			MGR CMDCM=COMMAND MASTER CHIEF
EXTEND PRD/EAOS	X	X	X	X	X	X	X	X*				DH=DEPT HEAD
FLEET RESERVE		X	X	X	X	X	X	X*				YO=ADMIN OFFICER
LEAVE***	X	X	X		X		X*					XO=EXECUTIVE OFFICER
LIBERTY**		X	X	X	X	X	X	X*				CO=COMMANDING OFFICER
PCS XFER****	X	X	X	X	X	X	X	X*	X			PA=FINAL ACTION
REINSTATEMENT		X	X	X	X		X*					YO/CCC
REPLACE ID CARD		X	X	X	X*							YO
REQUESTING COMRADES*****		X	X	X	X*		X	X	X*			YO
REQUESTING MEAL PAYS*****		X	X	X	X*		X	X	X*			YO
REQUESTING SCHOOLS		X	X	X	X		X	X	X*			YO
REQUESTING SINGLE BAH****		X	X	X	X		X	X	X*			YO
SEE CO/XO REQUEST		X	X	X	X		X	X	X*			CMDCM
SEP LEAVE		X	X	X	X		X	X	X*			
TAKEN OFF WATCHBILL	X	X	X	X	X							SWO
TAP CLASS		X	X	X*								CCC
TUTION ASSISTANCE		X	X	X	X*							YO
OFFICER/SPECIAL PROGRAMS		X	X	X	X		X	X	X*			CCC
BU HARP/HARP DUTY		X	X	X	X		X	X	X*			CCC
EXAM EARLY CANDIDATE/LDO		X	X	X	X		X	X	X*			YO

NOTES

* = HAS FINAL APPROVAL. ANY ADDITIONAL ROUTING IS FOR ADMIN PURPOSES ONLY.
** = 1 DAY - DEPARTMENT HEAD HAS FINAL APPROVAL.
** = 3 DAY - XO HAS FINAL APPROVAL.
** = 4 DAY - CO HAS FINAL APPROVAL.
** = E6 AND BELOW, DEPARTMENT HEAD HAS FINAL APPROVAL.
** = E7 AND ABOVE, XO HAS FINAL APPROVAL.
(OVER 14 DAYS OR NEGATIVE LEAVE BALANCE, XO HAS FINAL APPROVAL)
**** = E6 AND ABOVE MAY ELECT SINGLE BAH WITHOUT ROUTING A CHIT.
***** = E4 AND BELOW WHO RESIDE IN THE BEQ.
NOTES: E7 AND ABOVE, ROUTED THROUGH SENIOR WATCH OFFICER.
E6 AND BELOW, ROUTED THROUGH WATCHBILL COORDINATOR.

EARLY OUT REQUEST CHECKLIST

NAME:		RANK/RATE:	DNEC:
SSN:	EAOS:	COMPANY/DEPT:	PNEC:
REQUESTED DETACH DATE:		PRD:	SNEC:

Answers to all of the questions below assumes individual departs on requested detachment date and billet gapped until PRD.

**RESPONSIBLE CODE IS IN PARENTHESIS
AFTER QUESTION**

**INITIAL IN YES OR NO
BLOCK AS APPROPRIATE**

	YES	NO
1. Is member in receipt of orders? (DEPT)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is member scheduled to retire? (DEPT)	<input type="checkbox"/>	<input type="checkbox"/>
3. Is member awaiting disciplinary action and/or administrative processing? (DEPT/LEGAL)	<input type="checkbox"/>	<input type="checkbox"/>
4. Is member in a medical status? (DEPT)	<input type="checkbox"/>	<input type="checkbox"/>
5. Does member have a non-operative extension? (CCC)	<input type="checkbox"/>	<input type="checkbox"/>
6. Does member have unserved time on an enlistment for which he received a reenlistment bonus? (CCC)	<input type="checkbox"/>	<input type="checkbox"/>
7. Is member in CREO group one or two? (CCC)	<input type="checkbox"/>	<input type="checkbox"/>
8. If member departs, will battalion be below NMP? (ADMIN)	<input type="checkbox"/>	<input type="checkbox"/>
9. If member departs, will battalion be below NMP three months from now? (ADMIN)	<input type="checkbox"/>	<input type="checkbox"/>
10. Does member have critical skills (NEC, PRCP/Military) that cannot be regenerated before impacting readiness (SORTS)?	<input type="checkbox"/>	<input type="checkbox"/>
a. Skills	<input type="checkbox"/>	<input type="checkbox"/>
b. Plan for skill replacement:	<input type="checkbox"/>	<input type="checkbox"/>

A Yes response to any of the questions 2 through 6 precludes CO granting an early out. A Yes answer to any of the questions 8 through 12 argues against granting an early out. If the member's company or department recommends granting an Early Out in this instance, it must be fully justified in the narrative section below. A Yes answer to question 7 and a recommendation for granting an early out requires that S1 coordinate with disbursing on recapture funds. This form must be accompanied by a Special Request Chit and any documentation specified in the MILPERSMAN concerning the requested separation Company/Department Recommendation on Granting Early Out:
 Narrative: (attach separate sheet if necessary).

EXTENSION REQUEST SHEET

NAME (Last, First, MI)		DEPT/DIV		DATE	
RANK/RATE	SSN	RACE	SEX	PHONE #	
ADSD (YYMMDD)	YRS OF SERVICE	PRD (YYMM)	EAOS (YYMMDD)	CREO	
# OF MO. EXTENDED ON CURRENT ENLISTMENT:		# OF MO. REQUESTING TO EXTEND:		REASON FOR EXTENSION:	

REFERENCES:

MILPERSMAN 1160-040, 1160-050, BUPERSINST 1610.10, OPNAVINST 6110.F

THE FOLLOWING CHECKLIST IS TO BE USED BY DEPT. CAREER COUNSELOR IN DETERMINING ELIGIBILITY FOR REQUEST. CHECK OFF ALL ITEMS THAT APPLY. ANY ITEM NOT CHECKED MUST BE BROUGHT TO THE ATTENTION OF THE COMMAND CAREER COUNSELOR:

ALL HANDS:

- MBR IS WITHIN ONE (1) YEAR OF EAOS
- MBR RECEIVED "PROMOTABLE" OR HIGHER ON LAST TWO EVALS
- MBR HAS NOT FAILED THREE (3) OR MORE PFA/BF IN THE PAST FOUR (4) YEARS
- MBR IS WITHIN A CURRENT FIVE (5) YEAR PHYSICAL PERIOD (MEDICAL VERIFICATION REQUIRED FOR EXTENSIONS OF 24 MONTHS OR MORE)
- MBR EXTENSION WILL NOT TAKE THEM PAST THEIR HYT (E3 "RATED" - 8 YRS, E4 - 10 YRS, E5 & E6 - 20 YRS)
- MBR IS ELIGIBLE FOR SRB (SEE CCC OFFICE FOR PAPERWORK, FOR EXT 24 MONTHS OR MORE)

E4 AND BELOW:

- MBR HAS AN AVG OF 2.0 OR HIGHER IN ALL TRAITS ON EVALS FOR CURRENT ENLISTMENT
- MBR HAS PNA'D THE NAVY WIDE EXAMINATION

E5 AND ABOVE:

- MBR HAS NOT RECEIVED TWO (2) OR MORE MARKS OF 2.0 IN THE SAME TRAIT DURING THE PAST 36 MONTHS
- MBR HAS NOT RECEIVED ANY MARK OF 1.0 IN ANY TRAIT AREA WITHIN A YEAR PRIOR TO REENLISTING
- MBR HAS AN AVG OF 2.5 OR HIGHER IN ALL TRAITS ON EVALS FOR THE CURRENT ENLISTMENT

NOTES:

1. THIS IS NOT ALL INCLUSIVE, NOR DOES IT REFLECT EVERY POSSIBLE RETENTION SITUATION
2. COMPLIANCE WITH THE ABOVE CRITERIA DOES NOT GUARANTEE EXTENSION ELIGIBILITY
3. EXTENSION ELIGIBILITY IS SUBJECT TO CHANGE AT ANY TIME, CONSULT THE MOST RECENT REFERENCES

YES <input type="checkbox"/>	NO <input type="checkbox"/>		(LPO)
YES <input type="checkbox"/>	NO <input type="checkbox"/>		(LCPO)
YES <input type="checkbox"/>	NO <input type="checkbox"/>		(DIVO/DH)
YES <input type="checkbox"/>	NO <input type="checkbox"/>		(CCC)
YES <input type="checkbox"/>	NO <input type="checkbox"/>		(CMC)
YES <input type="checkbox"/>	NO <input type="checkbox"/>		(CO/XO/DIRECTOR)

NAS PENSACOLA REENLISTMENT REQUEST

DATE _____

LAST, FIRST MI _____

SSN _____

RATE (DESIG.) _____

NEC _____

DIV/DEPT _____

PHONE _____

REENLISTMENT DATE/ TIME _____

OF YEARS _____

REENLISTING OFFICER FULL NAME/ RANK/ TITLE _____

LOCATION _____

UNIFORM _____

SPOUSE'S FULL NAME _____

ADSD (YYMMDD) _____

EAOS/ EXTENSION _____

PRD (YYMM) _____

SRB AWARD LEVEL _____

SRB ZONE _____

DATE SUBMITTED _____

PHOTOGRAPH DESIRED YES/ NO _____

SELLING BACK LV YES /NO _____

OF DAYS _____

PTS APPROVAL YES/ NO/ NOT REQUIRED _____

ETHNIC GROUP _____

SIGNATURE/DATE: _____

MEDICAL/DENTAL VERIFICATION (MUST BE COMPLETED PRIOR TO ROUTING)

MEDICAL SCREENING:

SNM ___ IS ___ IS NOT ELIGIBLE FOR REENLISTMENT

SIGNATURE/DATE _____

DENTAL SCREENING:

SNM ___ IS ___ IS NOT ELIGIBLE FOR REENLISTMENT

SIGNATURE/DATE _____

PFA SCREENING:

SNM ___ IS ___ IS NOT IN BODY FAT/ PFA STANDARDS

SIGNATURE/DATE _____

DIV/DEPT CC USE ONLY

SNM ___ IS ___ IS NOT ELIGIBLE FOR REENLISTMENT

SIGNATURE/DATE _____

YES/NO LPO _____

YES/NO CCC _____

YES/NO LCPO _____

YES/NO CMC _____

YES/NO DIVO _____

YES/NO XO _____

YES/NO DEPT HEAD _____

YES/NO CO _____

* ALL REENLISTMENT REQUESTS MUST BE RETURNED TO THE COMMAND CAREER COUNSELOR'S OFFICE NLT 90 DAYS PRIOR TO REQUESTED REENLISTMENT DATE