

TEMPORARY LODGING ALLOWANCE (TLA) EXTENSION REQUEST AND CLAIM

MEMBER INFORMATION

Name/Rank/Paygrade:	SSN:
Command/UIC:	Date Reported:
Phone Number:	Accompanied / Unaccompanied
Dependent(s) names residing in the area (Ages of Children (if applicable))	Date family arrived:
Arrival TLA Date of Arrival:	Confirmed Move-In Date:
Departure TLA Date of Departure:	Confirmed Move-Out Date:
I request extension of TLA for the period _____ to _____. This is my _____ request for an extension. I request this extension for the following reasons: _____ _____ _____	
Signature of Member _____	Date _____

TEMPORARY LODGING FACILITY INFORMATION

Hotel Name: _____	Kitchen Facilities: Yes / No
Check-in Date: _____	

COMMAND ENDORSEMENT

I have personally verified this request against the criteria of NAVSUPPACTNAPLESINST 7210.1G Recommend () Approval () Disapproval _____ _____			
Commanding Officer _____	Rank / Name _____	Date _____	Phone Extension _____

HOUSING SERVICE CENTER ENDORSEMENT

() Forwarded, <u>recommending approval</u> . Member has been interviewed and reasons for request as stated by the member have been verified correct. Temporary government-owned/operated accommodations will not be available during the period covered by this request.		
() Forwarded, <u>recommending disapproval</u> .		
Remarks: _____ _____ _____		
Print Name of Housing Representative _____	Signature _____	Date _____
Housing Director Recommendation: () Approval () Disapproval _____	Signature _____	Date _____

TLA EXTENSION REQUEST FINAL DETERMINATION

Your request for extension of TLA beyond the arrival 60/ departure 10-day limit for the dates _____ to _____ is approved / disapproved.			
CO, NAVSUPPACT NAPLES Signature _____	Rank / Name _____	Date _____	Phone Extension _____

COMMAND PAY AND PERSONNEL ADMINISTRATOR (CPPA) RECEIPT VALIDATION

CPPA Signature _____	CPPA First/Last Name/RANK _____	Date of Validation _____
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PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 552a(b). The principle purpose of the information provided is used to identify the member and his or her service record. The information will be used to assist officials and employees of the Department of the Navy in determining eligibility for and approving or disapproving of the reenlistment 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.