



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

NAVSUPPACTNAPLESINST 7210.1H CH-2
N00/N93
27 Nov 24

NAVSUPPACT NAPLES INSTRUCTION 7210.1H CHANGE TRANSMITTAL 2

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

Subj: TEMPORARY LODGING ALLOWANCE ADMINISTRATION AND PROCEDURES
WITHIN THE NAPLES AND GAETA AREAS

Encl: (1) Revised Enclosure (2)

1. Purpose. To promulgate change transmittal 2 to subject instruction, reporting changes to the submission process of regular arrival and departure Temporary Lodging Allowance (TLA) claims to the Housing Office and replacement of TLA forms.

2. Action

a. Replace Enclosures (2) and (3) of the change transmittal 1 of the instruction with revised Enclosure (2) of this change transmittal.

b. Replace paragraph 6b (3) with the following: Submit itemized, zero-balance hotel receipt, CNA (if not using Navy Lodge or NGIS), and showing forms if required, to the Housing Office either in person or via email to naples_housing@us.navy.mil. A housing counselor will enter the information into the Enterprise Military Housing (eMH) database which will auto-populate the form shown in Enclosure (2). The Housing counselor will endorse the claim and send it back. The service member will review the form for accuracy and sign in the Member's Certification block. Command endorsement and Commanding Officer approval signature are not required for regular arrival TLA claims. The service member will then submit the package to their CPPA or finance office for reimbursement.

c. Replace paragraph 7a (2) with the following: Departure TLA is liquidated through the losing OCONUS command. Service members must provide an itemized, zero-balance hotel receipt and CNA if applicable to the Housing Office either in person or via email to naples_housing@us.navy.mil. A Housing counselor will enter the information into the eMH database which will auto-populate the form shown in Enclosure (2). The Housing counselor will endorse the claim and send it back. The service member will review the form for accuracy and sign in the Member's Certification block. Command endorsement and Commanding Officer approval signatures are not required for regular departure TLA claims. The service member will then submit the package to their losing command's CPPA or finance office for reimbursement.

Waiting to submit the departure TLA claim until after arriving at the new command will result in a delay of payment.

3. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at: <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

4. Review and Effective Date. Per OPNAVINST 5215.17A, NAVSUPPACT Naples will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

RANDAZZO.J
OHN.LUCIAN.
1035461376

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J. L. RANDAZZO

Releasability and distribution:

NAVSUPPACTNAPLESINST 5216.4DD

Lists: I through IV

Electronic via NAVSUPPACT Naples website:

<https://cnreurafcnt.cnicy.navy.mil/Installations/NSA-Naples/About/Installation-Guide/Department-Directory/N1-Administration-Department/Instructions/>

CLAIM FOR TEMPORARY LODGING ALLOWANCE

Service Member's Name - Last, First MI:		Rank:	SSN																
UIC / Command:	Duty Phone:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Over 12</th> <th style="width: 25%;">Under 12</th> </tr> </thead> <tbody> <tr> <td>Child 1</td> <td></td> <td></td> </tr> <tr> <td>Child 2</td> <td></td> <td></td> </tr> <tr> <td>Child 3</td> <td></td> <td></td> </tr> <tr> <td>Child 4</td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 5px;">Age on date of this claim.</p>			Over 12	Under 12	Child 1			Child 2			Child 3			Child 4		
	Over 12	Under 12																	
Child 1																			
Child 2																			
Child 3																			
Child 4																			
	Other Phone:																		
Dependent Names:																			
Child 1	Child 2																		
Child 3	Child 4																		
TLA Address:		C.N.A.:																	
TLA Complex:																			
Date SVM Arrived:	Date SVM Departed:	Marital Status:																	
Date Family Arrived:	Date Family Departed:	Military Spouse:																	
<p>MEMBER'S CERTIFICATION</p> <p>These costs for temporary lodging are correct to the best of my knowledge.</p>																			
_____		_____																	
Signature of Member		Date																	
Please return this completed form and a copy of your lodging receipt to the Housing Resource Center Counselor for certification of your claim.																			
This section will be completed by the Housing Representative.																			
HOUSING REPRESENTATIVE:																			

(Name)																			
TLA is authorized for the period:		_____ through _____																	
Claim Type:	Period Type:	Claim Number:																	
Claim Days:	Non-Reimbursable Days: 0	Occupancy Option:																	
The above listed TLA facility <input type="checkbox"/> does <input type="checkbox"/> does not have adequate cooking facilities as described in the JFTR.																			
_____		_____																	
Rep Signature and Date		Housing Stamp																	

Command Endorsement Signature and Date																			

CO Approval Signature and Date

Comments:



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

NAVSUPPACTNAPLESINST 7210.1H CH-1
N93
23 FEB 2022

NAVSUPPACT NAPLES INSTRUCTION 7210.1H CHANGE TRANSMITTAL 1

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

Subj: TEMPORARY LODGING ALLOWANCE ADMINISTRATION AND PROCEDURES WITHIN
THE NAPLES AND GAETA AREAS

Encl: (1) Revised Enclosure (2)

1. Purpose. To promulgate change transmittal 1 to subject instruction, reporting changes to Enclosure (2) of the basic instruction to reflect Housing Director determination requirement for Temporary Lodging Allowance (TLA) claims from 45 to 60 days, and to change in the N-code of the basic instruction from N1 to N93.

2. Action

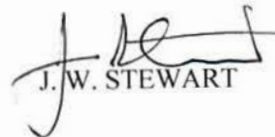
- a. Replace Enclosure (2) of the basic instruction with revised Enclosure (2) of this change transmittal.
- b. Change originator code from N1 to N93.

3. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at:
<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

4. Review and Effective Date. Per OPNAVINST 5215.17A, NAVSUPPACT Naples will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.


J.W. STEWART

Releasability and distribution:

NAVSUPPACTNAPLESINST 5216.4DD

Lists: I through IV

Electronic via NAVSUPPACT Naples website:

https://www.cnic.navy.mil/regions/cnreurafcnt/installations/nsa_naples/about/departments/administration_n1/administrative_services/instructions.html

TLA ARRIVAL/ALTERNATE TEMPORARY LODGING CLAIM SAMPLE

MEMBER INFORMATION

Name:	SSN:	Rank/Paygrade:
Command:	UIC:	Date Reported:
Phone Number:	<input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied (at time of submission)	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Military-Military Couple <input type="checkbox"/> Single w/Dependents	
Dependent(s) names residing in the area / Ages of Children (list oldest to youngest)		
_____		_____
_____		_____
_____		Date family arrived _____

TLA/TLF INFORMATION

Hotel Name:	Adequate Kitchen Facilities (as per regulations): <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEMBER CERTIFICATION

I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE:	_____
	Signature/Rank/Date
* Certificate of Non-Availability from Navy Lodge is required for alternate Lodging	

MEMBER'S DEPARTMENT HEAD

Department Head Signature (over 30 days)	Rank / Name	Date	Phone Extension
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HOUSING SERVICE CENTER

TLA <input type="checkbox"/> is <input type="checkbox"/> is not recommended from _____ through _____			
Total Number of days in TLA at end of this TLA period: _____			
Expected Date of Occupancy: _____		Contract Appointment Date: _____	
Remarks: _____			

Housing tours were conducted this period on the following dates with each tour consisting of viewing at least five residences: _____			

Designated TLA Housing Rep (Print Name)	Signature	Date	Phone Extension

COMMAND ENDORSEMENT - HOUSING DIRECTOR DETERMINATION

Housing Director Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	_____
(45-60 days)	Signature	Date

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.



DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY NAPLES ITALY
PSC 817 BOX 1
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NAVSUPPACTNAPLESINST 7210.1H
N1
08 FEB 2022

NAVSUPPACT NAPLES INSTRUCTION 7210.1H

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

Subj: TEMPORARY LODGING ALLOWANCE ADMINISTRATION AND PROCEDURES
WITHIN THE NAPLES AND GAETA AREAS

Ref: (a) DoD 7000.14-R, Department of Defense Financial Management Regulations, May 2019
(b) CNE-C6F INST 7210.2I, Providing Temporary Lodging Allowance in USEUCOM
(c) DoD Instruction 1015.11 of 6 October 2006, Lodging Policy

Encl: (1) Temporary Lodging Allowance Agreement
(2) TLA Arrival/Alternate Temporary Lodging Claim Sample
(3) TLA Departure/Alternate Temporary Lodging Claim Sample
(4) TLA Extension Request and Claim Sample
(5) Emergency TLA Request and Claim Sample

1. Purpose. To establish policy and procedures for the administration of Temporary Lodging Allowance (TLA) in the Naples area. This instruction applies to all military personnel, including ships, and forward deployed staffs that are permanently assigned to U.S. Naval Support Activity (NAVSUPPACT) Naples, Italy, or NAVSUPPACT Naples, Detachment Gaeta per references (a) and (b).

2. Cancellation. NAVSUPPACTNAPLESINST 7210.1G

3. Applicability. All NAVSUPPACT Naples personnel and area tenant commands.

4. Background

a. TLA is authorized to partially reimburse a servicemember for higher than normal expenses incurred by a servicemember or dependent while occupying temporary lodging outside continental U.S. Reference (a) contains the basic policy and regulations for the administration of TLA. Reference (b) designates the NAVSUPPACT Naples Commanding Officer (CO) as the TLA Extension Approval Authority for the Naples and Gaeta areas.

5. Policy

a. TLA management must be accomplished within requirements in reference (a).

b. Arrival TLA begins the day temporary lodging is first used and ends on the day before servicemember begins occupying government quarters or private-sector housing, or when the TLA Authority determines TLA is no longer warranted. Per reference (a), arrival TLA is authorized for up to 60 days.

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c. Per reference (a), the TLA period for departures cannot start more than 10 days before the servicemember leaves the permanent duty station (PDS).

d. Per reference (c), the Navy Lodge at Gricignano Support Site is the primary designated temporary lodging facility (TLF) for incoming and outgoing personnel on permanent change of station (PCS) orders. Navy Gateway Inns and Suites (NGIS) at Capodichino is available to accommodate or receive guests if the Navy Lodge is fully booked or unavailable.

(1) In the event accommodations are not available at the Navy Lodge, members will be referred to NGIS. If lodging is not available at either location, the Navy Lodge will provide a Certificate of Non-Availability (CNA) within 30 days prior to arrival in order for the member to obtain alternative lodging accommodations.

(2) Unaccompanied E-4 and below servicemembers are entitled to use NGIS (preferred) or Navy Lodge when unaccompanied housing (UH) quarters are not available. In this case, single E-4 and below servicemembers are entitled to use an alternate TLF when NGIS and Navy Lodge are not available and a CNA is issued by UH staff.

e. Personnel assigned to Gaeta or other areas in the Lazio region do not require a CNA and may elect to stay in a hotel in the vicinity of their duty station.

6. Arrival TLA

a. Sponsors

(1) Before new personnel arrive on station, verify TLA requirements with servicemember sponsoree and, if necessary, make reservations with the Navy Lodge as soon as possible. Sponsors may also provide member with assistance to expedite selection of a home.

b. Servicemembers

(1) Report to the Housing Service Center (HSC) within three working days after arrival to sign enclosure (1) and apply for housing assignment. Personnel assigned to Gaeta or other areas in the Lazio region will check-in with the HSC in Gaeta.

(2) Servicemembers approved to live in the economy are to aggressively seek permanent housing by taking at least two HSC sponsored housing tours within each ten day period in TLA. A housing tour consists of viewing a minimum of five properties. Commands should allow arriving personnel ample time to locate permanent housing.

(3) Submit enclosure (2) to PSD via the departmental Command Pay/Personnel Administrator (CPPA) for reimbursement of TLA expenses. Claims must be in 10-day increments with the exception of the final claim. TLA claims must be accompanied by the original, itemized hotel bill and CNA if using lodging other than the Navy Lodge or NGIS.

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After the initial 10-day TLA period, servicemembers approved to live in the economy must also include a list of showing tours attended.

c. Housing Service Center (HSC)

(1) Brief the servicemember on specifics of TLA procedures and maintain a copy of enclosure (1) in the member's housing file.

(2) Ensure personnel approved to live in the economy are shown suitable private rental housing and are conducting at least two housing tours within each ten day period.

(3) If a servicemember is at risk of failing to meet the required number of tours, the HSC will notify the servicemember and their chain of command.

(4) If the servicemember does fail to meet the showing tour requirement, the HSC will notify the servicemember and the Chain of Command and TLA will be terminated within 10 days of notification.

7. Departure TLA

a. Per reference (a), departure TLA is authorized for no more than 10 days before the servicemember leaves the PDS in compliance with PCS orders and is submitted using enclosure (3). Departure TLA beyond 10 days should be approved in advance by the NAVSUPPACT Naples CO, when possible.

(1) When a member vacates their property, the HSC will provide an OHA termination letter (DD 2367) or official move out memorandum from government quarters. The HSC will authorize departure TLA.

(2) Departure TLA is liquidated through the losing command. Servicemembers must provide a zero-balance, itemized receipt to their losing command CPPA. The CPPA will forward enclosure (3) and the hotel receipt to the HSC for endorsement and then to PSD or the finance office. Waiting to submit the departure TLA claim until after arriving at the new command will result in delay of payment.

b. Members residing in UH are authorized one day of departure TLA.

8. TLA Extensions

a. Extended Arrival TLA Entitlement. Requests for an exception to policy to extend arrival TLA beyond 60 days must be addressed to NAVSUPPACT Naples CO via the servicemember's CO/OIC and the HSC using enclosure (4). This request must be routed at least 10 days in advance. Arrival TLA will be extended only in rare cases which include, but are not limited to:

(1) Delay of arrival of HHG and non-availability of loaner furniture.

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(2) Delay in availability/assignment to government quarters due to no-fault of the member.

(3) Reasons beyond the servicemember's control (i.e., fire, flood, earthquake, riot, civil unrest, or other extraordinary events that make the selected housing uninhabitable).

(4) Withdrawal of housing from the market by the landlord.

(5) Hospitalization of member or dependents or the nature of the member's assigned duties require them to be away from the PDS, resulting in curtailment of opportunities to arrange for permanent living accommodations.

(6) Servicemember is unable to secure private-sector housing that meets the following criteria:

(a) Enough bedrooms to meet family size and composition.

(b) Is within commuting distance (less than 25 miles).

(c) Has an average total monthly cost that does not exceed the maximum allowable housing allowance.

(d) Is structurally sound and does not pose a safety or health hazard.

(e) Has hot and cold potable water, a shower or bath, at least one flushing toilet, electrical service, and a heating system.

b. Extended Departure TLA Entitlement. Requests for exception to policy to extend departure TLA beyond 10 days must be addressed to NAVSUPPACT Naples CO via the servicemember's CO/OIC and the HSC using enclosure (4). All requests must be routed as soon as the reason for the delay is assessed. Approval will be considered on a case by case basis. Departure TLA may be extended for reasons including, but not limited to the following:

(1) If the TLA period has already commenced and the actual departure date is delayed at no fault of the member or dependents.

(2) When permanent housing must be relinquished more than 10 days before the estimated departure date for reasons beyond the control of the servicemember or dependents such as:

(a) The HHG office determines it is necessary to ship HHG after considering anticipated leave, necessary travel time, HHG shipping transit times, compliance with requirements of local shipping agencies, meeting shipping schedules, and other requirements related to HHG shipments.

(b) Reasons beyond the servicemember's control (i.e., fire, flood, riot, civil unrest, or other extraordinary events make occupancy untenable).

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(c) The servicemember is required by lease to vacate housing in advance of expiration of lease to permit inspection, finalization of utility bills and deposits, redecoration, or adjudication of damage claims.

(d) The HSC requires the member to vacate permanent residential housing at the government's convenience.

(e) Hospitalization of either servicemember or dependents.

(f) Similar reasons at discretion of the NAVSUPPACT Naples CO.

9. Emergency TLA. Emergency TLA requests will be submitted using enclosure (5) and will be processed for the following reasons if the circumstances are deemed beyond the control of the member:

a. Reasons such as fire, flood, earthquake, riot, civil unrest, or extraordinary events that make the residence uninhabitable or if remaining in the residence is deemed unadvisable by the NAVSUPPACT Naples CO.

b. If the residence becomes temporarily uninhabitable for other reasons such as lack of two utilities (water and electricity, electricity and gas, etc.) for more than 24 hours causing undue hardship on the servicemember or family members. Situations in which one or more utilities are lacking for less than 48 hours will be considered on a case by case basis.

10. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at: <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

11. Review and Effective Date. Per OPNAVINST 5215.17A, NAVSUPPACT Naples will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it

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will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

12. Forms. All applicable forms can be found at:

https://www.cnic.navy.mil/regions/cnreurfcent/installations/nsa_naples/about/departments/administration_n1/administrative_services/forms.html



J. W. STEWART

Releasability and distribution:

NAVSUPPACTNAPLESINST 5216.4DD

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TEMPORARY LODGING ALLOWANCE AGREEMENT

The Housing Service Center (HSC) will assist you in obtaining suitable living quarters, either in government quarters or in the local community. You must aggressively seek housing until you have secured a home. To help you understand more about Temporary Lodging Allowance (TLA), the following information is provided.

Initial

_____ You are allowed a maximum of 60 days of TLA upon arrival.

_____ If approved for economy housing, after the initial 10 days, you must complete a minimum of two showing tours per each additional 10 day period. A single showing tour consists of at least five residences.

_____ After 30 days in TLA, you will be required to have approval from your chain of command to continue receiving TLA payments.

_____ Work requirements do not justify the inability to complete tour requirements.

_____ Delays to occupying permanent housing due to personal convenience (i.e. arrival of privately owned vehicle or Household Goods, awaiting family arrival) will result in termination of TLA.

_____ If you refuse the offer of government quarters, TLA will terminate on the date the government quarters were expected to be available for occupancy.

_____ TLA extensions will not be approved for reasons of personal preference or convenience.

_____ Extensions beyond 60 days must be submitted with an endorsement from your Commanding Officer (CO)/ Officer in Charge (OIC) indicating specific reasons beyond your control and submitted ten days in advance of expiration of the 60-day TLA period.

_____ Extensions beyond 60 days are rarely approved. Regardless of military branch and rank, all extensions must be approved by the CO, U.S. Naval Support Activity, Naples, Italy.

I have read and understand the above information and have received a copy.

_____ Name

_____ Date Arrived

_____ Signature

_____ Date

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TLA ARRIVAL/ALTERNATE TEMPORARY LODGING CLAIM SAMPLE

MEMBER INFORMATION

Name:	SSN:	Rank/Paygrade:
Command:	UIC:	Date Reported:
Phone Number:	<input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied (at time of submission)	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Military-Military Couple <input type="checkbox"/> Single w/Dependents		
Dependent(s) names residing in the area / Ages of Children (list oldest to youngest)		
_____		_____
_____		_____
_____		Date family arrived _____

TLA/TLF INFORMATION

Hotel Name:	Adequate Kitchen Facilities (as per regulations): <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEMBER CERTIFICATION

I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE:	_____
	Signature/Rank/Date
* Certificate of Non-Availability from Navy Lodge is required for alternate Lodging	

MEMBER'S DEPARTMENT HEAD

Department Head Signature (over 30 days)	Rank / Name	Date	Phone Extension
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HOUSING SERVICE CENTER

TLA <input type="checkbox"/> is <input type="checkbox"/> is not recommended from _____ through _____			
Total Number of days in TLA at end of this TLA period: _____			
Expected Date of Occupancy: _____		Contract Appointment Date: _____	
Remarks: _____			

Housing tours were conducted this period on the following dates with each tour consisting of viewing at least five residences: _____			

Housing Representative (Print Name)	Signature	Date	Phone Extension

COMMAND ENDORSEMENT - HOUSING DIRECTOR DETERMINATION

Housing Director Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	_____
	Signature	Date

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.

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TLA DEPARTURE/ALTERNATE TEMPORARY LODGING CLAIM SAMPLE

MEMBER INFORMATION

Name:	SSN:
Paygrade:	Phone Number:
Command:	UIC:
<input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied (at time of submission)	
Dependent(s) names residing in the area / Ages of Children (list oldest to youngest)	
_____	_____
_____	_____
_____	_____
Member's Departure Date: _____	Family Members' Departure Date: _____
TLA Entitlement Dates: _____ to _____. Requests for more than ten days for members departing requires a TLA extension request routed through Housing and member's Commanding Officer.	

TLF INFORMATION

Hotel Name:	Adequate Kitchen Facilities (as per regulations): <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEMBER CERTIFICATION

I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE: Signature/Rank/Date _____ * Certificate of Non-Availability from Navy Lodge is required for alternate Lodging *

HOUSING SERVICE CENTER

TLA <input type="checkbox"/> is <input type="checkbox"/> is not recommended from _____ through _____			
Housing Termination Date: _____			
Remarks: _____ _____			
Housing Representative (Print Name)	Signature	Date	Phone Extension

UNACCOMPANIED HOUSING OFFICE (Unaccompanied E4 and below only)

Transient Government Quarters are/are not available.		
UH Representative Signature	Date	Phone Extension

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.

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TEMPORARY LODGING ALLOWANCE (TLA) EXTENSION REQUEST AND CLAIM SAMPLE

MEMBER INFORMATION

Name/Rank/Paygrade: _____		SSN: _____	
Command/UIC: _____		Date Reported: _____	
Phone Number: _____		<input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied (at time of submission)	
Dependent(s) names residing in the area / Ages of Children (list oldest to youngest)			
_____		_____	
_____		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: _____	Adequate Kitchen Facilities (per regulations): <input type="checkbox"/> Yes / <input type="checkbox"/> No
Check-in Date: _____	

COMMAND ENDORSEMENT

I have personally verified this request against the criteria of NAVSUPPACTNAPLESINST 7210.1H			
Recommend <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval			
_____	_____	_____	_____
Commanding Officer	Rank / Name	Date	Phone Extension

HOUSING OFFICE ENDORSEMENT

<input type="checkbox"/> 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.			
<input type="checkbox"/> Forwarded, <u>recommending disapproval</u> .			
Remarks: _____			

_____	_____	_____	_____
Print Name of Housing Representative	Signature	Date	
Housing Director Recommendation: <input type="checkbox"/> Approval <input type="checkbox"/> 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 <input type="checkbox"/> approved <input type="checkbox"/> disapproved.			
_____	_____	_____	_____
CO, NAVSUPPACT NAPLES Signature	Rank / Name	Date	Phone Extension

COMMAND PAY AND PERSONNEL ADMINISTRATOR (CPPA) RECEIPTS VALIDATION

_____	_____	_____
CPPA Signature	CPPA First/Last Name/RANK	Date of Validation

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.

08 FEB 2022

EMERGENCY TLA REQUEST AND CLAIM SAMPLE

MEMBER INFORMATION

Name:	SSN:	Rank/Paygrade:
Command:	UIC:	Date Reported:
Phone Number:	<input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied (at time of submission)	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Military-Military Couple <input type="checkbox"/> Single w/Dependents	
Dependent(s) names residing in the area / Ages of Children (list oldest to youngest)		
_____		_____
_____		_____
_____		Date family arrived _____

TLA/TLF INFORMATION

Hotel Name:	Adequate Kitchen Facilities (as per regulations): <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEMBER CERTIFICATION

I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE:	_____
	Signature/Rank/Date
* Certificate of Non-Availability from Navy Lodge is required for alternate Lodging	

HOUSING SERVICE CENTER

Emergency TLA <input type="checkbox"/> is <input type="checkbox"/> is not recommended for period _____ to _____
Remarks: _____

Housing Representative Signature (CDO MAY SIGN IF CONDUCTED VIA PHONCON) _____ Date _____ Phone Extension _____

NAVSUPPACT NAPLES DETERMINATION

Emergency TLA <input type="checkbox"/> is <input type="checkbox"/> is not approved for period _____ to _____
Remarks: _____

NAVSUPPACT Naples TLA Coordinator (Print Name) _____ Signature _____ Date _____ Phone Extension _____

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.