



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/cnreura/cenr/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.