

HHC, 516TH SIGNAL BRIGADE INPROCESSING CHECKLIST

Welcome to the HHC, 516th Signal Brigade, Fort Shafter, Hawaii. Please complete your inprocessing utilizing the following checklists and return it to the HHC, Orderly Room (T128 Basement) within 5 working days.

NAME (Rank, Last, First & MI) INCOMING SOLDIER		NAME (Rank, Last, First & MI) OF SPONSOR	
SI/PAC (Bldg T-112)		SUPPLY (Bldg T-128 Basement)	
	Sign-In	Clothing Records	
	Pay Option	Patches/Unit Crest	
	Personal Data Sheet	TA-50 Inventory, CIF Sheet	
	Sponsorship Survey	Barracks Inventory	
	1AAA-162	Unit T- Shirt	
	Hometown News	Sub Hand Receipt Briefing	
	NCOER - Packet	OCIE Statement	
	OER Support	Laundry Facilities	
	Orders		
	Family Care Plan Packet		
	Soldier Readiness Packet (SRP)		
	DTS (Nanette Winkyaw)		
	AKO		
FIRST SERGEANT (Bldg T-128 Basement - 4382685)		COMMANDER (Bldg T-128 Basement - 438-6242)	
	Open Door Policy	Safety Briefing	
	Crime Prevention Policy	Commanders Brief	
	College (E-Army U)	Policy Letters	
	Off Limits Area	FRG Enrollment	
	Personal Problems	Family Care Plan	
	On-Post Facilities (AER)		
	Barracks Room Assignment		
	Duty Roster		
	Personal Property		
	EO		
	Sponsorship		
	Safety Self Assessment		

TRAINING OFFICE (Bldg T-128 Basement)		SECURITY (Bldg T-128 2nd Floor)	
	PT Card	SAEDA Briefing	
	Weapon Card	PSEC Briefing	
	CTT	Security Orientation	
	Alert Roster	Security Clearance	
	Permanent Profile	Courier Authorization Cards	
	Order	Physical Security Brief	
		License To Drive	
NBC Room (Bldg T-128 Basement)		BRIGADE REENLISTMENT (Bldg T-128 Basement)	
	USARPAC/30th Attachments	Re-up Card	
	Mask Fitting/Issue	Re-up Briefing	
	Mask Card		
RESOURCE MANAGEMENT (Bldg T-128 2nd Floor)		EO/EOA (Bldg T-112)	
	Government Travel Card	EO Brief	
S-3 (Bldg T-128)		IMC (Bldg T-128)	
	NCOES	E-mail Account	
	School Attended	Password Issue	
		Briefing for Troubleshooting	
OTHER AGENCIES			
NOTE: (1) - SCHEDULED THROUGH HHC ADMIN CLERK (2) - BRING UNIT COPY OF CLOTHING RECORDS AND COPY OF ORDERS TO CIF APPOINTMENT			
DATE			TIME
	(2) Housing Office (438-6198)		
	(2) MILPO Inprocessing (Aloha Center 438-8918)		
	(2) Finance Office (Bldg T-123 - 438-8169)		
	(2) Brigade Command Sergeant Major (Bldg T-112)		
	(2) Brigade Commander (E-7 & Above) (Bldg T-112)		
	(1) & (2) Central Issue Facility (CIF) (Schofield Barracks 655-7154)		
	Tripler Army Medical Center (Bring Medical Record) (4th Floor Mt. Side)		
	Dental Clinic TAMC (Ground Floor, D Wing) (Bring Dental Record)		
First Sergeant Signature		DATE:	
Commander's Signature		DATE:	

SOLDIER'S PERSONAL DATA SHEET

DATE

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The purpose of the information on this form is to assist your unit servicing the records. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Transportation (Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served. The following information will not be shared with any unauthorized personal

NAME				SSN		RANK/GRADE	
ORGANIZATION				PMOS		SMOS	
DATE OF BIRTH	AGE	WEIGHT lbs	HEIGHT in inchs	HAIR	EYES		
BLOOD TYPE	DATE OF RANK		BASD	ETS	TIG	TIS	
RELIGION			22. ADDRESS				
HOME PHONE							
PROMOTABLE <input type="checkbox"/> YES <input type="checkbox"/> NO		POINTS	DATE LAST NCOER				
DEPENDENTS							
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED							
SPOUSE'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF MARRIAGE		
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE	SEX	
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE	SEX	
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE	SEX	
CHILD'S NAME			EFMP <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE	SEX	
IF YOU HAVE MORE THEN FOUR CHILDREN OR HAVE ANY SPECIAL NEEDS FOR YOUR FAMILY DICTATE IT IN REMARKS.							
NEXT OF KIN							
NAME			ADDRESS				
ALTERNET NAME			ALTERNET ADDRESS				
PHONE		ALTERNET PHONE					

ARMY TRAINING

DATE LAST APFT	PUSH-UPS	SIT-UPS	RUN TIME	TOTOAL SCORE
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DATE LAST WEIGH-IN	BODY FAT%	ALLOWABLE FAT%	PROFILE <input type="checkbox"/> TEMPOARY <input type="checkbox"/> PERMANENT
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TYPE OF PROFILE (EXPLAIN)

DATE WEAPON QUAL	WEAPON TYPE	QUALIFIED <input type="checkbox"/> MARKS MEN <input type="checkbox"/> SHARP SHOOTER <input type="checkbox"/> EXPERT
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DATE CREW SERVED WEAPON QUAL TYPE	QUALIFIED <input type="checkbox"/> MARKS MEN <input type="checkbox"/> SHARP SHOOTER <input type="checkbox"/> EXPERT
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DATE CTT TEST <input type="checkbox"/> GO <input type="checkbox"/> NO GO	DATE DRIVERS TRAINING	TYPE OF VEHICLE
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DATE PLDC	DATE BNCOB	DATE ANCOB
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ARMY EQUIPMENT

NBC SUTE SIZE	NBC MASK SIZE	NBC BOOT SIZE	NBC GLOVE SIZE	HAT SIZE	BOOT SIZE
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ACU TOP SIZE	ACU TROUSER SIZE
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ARMY AWARDS DECORATIONS AND ACHIEVEMENTS

TYPE	#	TYPE	#	TYPE	#	TYPE	#

PRIVATELY OWNED VEHICLE

MAKE	MODEL	YEAR	COLOR	LIC PLATE	POST DEC	INS CO,	EXP DATE
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REMARKS	
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SPONSORSHIP PROGRAM SURVEY

For use of this form, see AR 600-8-8: the proponent agency is ODCSPER

UNIT OR ACTIVITY

RANK/GRADE

This survey is being conducted as part of a continuing effort to improve the sponsorship program.

INSTRUCTIONS: Check the appropriate box for each question or write in the information requested.

1. Were you offered a sponsor either before or after arrival?

Yes

Yes, but I declined

No

2. If you had a sponsor, when did that sponsor first contact you?

a. 90 or more days prior to my arrival

b. Less than 90, but more than 30 days prior

c. 30 or less days prior

d. Upon arrival at the installation

4. How helpful was your new unit or activity during your PCS move?

a. Extremely helpful

b. Very helpful

c. Moderately helpful

d. Slightly helpful

e. Not at all helpful

3. How helpful was your sponsor during your PCS move?

a. Does not apply; I did not have a sponsor

b. Extremely helpful

c. Very helpful

d. Moderately helpful

e. Slightly helpful

f. Not at all helpful

5. How helpful was your old unit or activity during your PCS move?

a. Extremely helpful

b. Very helpful

c. Moderately helpful

d. Slightly helpful

e. Not at all helpful

6. Using the scale below, indicate how helpful each type of service below was for you

(and your family)? Mark a response for each.

a. Did not need the service

b. Service was not available

c. Extremely helpful

d. Very helpful

e. Moderately helpful

f. Slightly helpful

g. Not at all helpful

a b c d e f g

Letter from your sponsor

Welcome packet

Installation newcomer orientation

Unit orientation

ACS overseas orientation briefings

ACS overseas video

ACS individual relocation counseling

ACS automated relocation information system

7. Overall, how satisfied are you with the sponsorship assistance you received at your current location?

a. Very satisfied

b. Satisfied

c. Neither satisfied nor dissatisfied

d. Dissatisfied

e. Very dissatisfied

8. Overall, how well is the sponsorship program working?

a. Very well

b. Well

c. Not sure

d. Poorly

e. Very poorly

9. Why is the sponsorship program not working well? Mark all that apply.

a. Does not apply; it is working well

b. Sponsors are not carefully selected

c. Sponsors are not well informed or trained

d. Sponsors do not take the job seriously

e. Commanders do not fully support the program

f. Soldiers or civilian employees do not know about it

g. Other reason