

# PCS REQUEST CHECKLIST

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Anticipated Move Date: \_\_\_\_\_

Old Duty Station Address: \_\_\_\_\_

New Duty Station Address: \_\_\_\_\_

Old Residence (Moving From) Address: \_\_\_\_\_

New Residence (Moving To) Address: \_\_\_\_\_

Date and Purpose of Previous PCS Move: \_\_\_\_\_

Is the Soldier Married to another AGR Soldier: \_\_\_\_\_

Is this move going to be a DITY move or a Govt Bill of Lading (GBL): \_\_\_\_\_

Is this move with or without dependents: \_\_\_\_\_

## **Completed by Soldier:**

\_\_\_\_\_ I understand that a PCS may be disapproved if it is not in the best interest and not primarily for my convenience per JFTR Chapter 5 U5355.

\_\_\_\_\_ I understand that a PCS move is authorized only after REQUESTED by my Administrative Officer (AO) or Director and approved by the AGR Manager.

\_\_\_\_\_ I request Advance Pay (Complete DD Form 2560 and attach to the request for PCS orders).

\_\_\_\_\_ I understand that if any advance funds are used and the move is canceled, I am liable to repay those funds.

\_\_\_\_\_ I understand that I have 12 months from the date of my PCS orders to move, or my orders may be revoked.

\_\_\_\_\_  
*Soldier Printed Name, Rank, Signature and Date*

## **Completed by Administrative Officer or Director (Must be O5/LTC or higher):**

\_\_\_\_\_ I certify that this PCS is approved per JFTR Chapter 5 U5355.

\_\_\_\_\_  
*AO / Director Printed Name, Rank, Signature and Date (O-5/LTC or higher)*

\_\_\_\_\_  
*AGR Manager (Approval / Disapproval)*

