

Department of Homeland Security U. S. Coast Guard CG PSC-2005 (Rev. 08/2008)	<h1 style="margin: 0;">PCS Reporting Worksheet</h1>
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Name (Last, First, MI)	Rate/Rank	Permanent Unit	EMPLID
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PURPOSE: Use this form to indicate changes in mode of travel, TAD, and requested advances; changes in dependency, pay delivery, state or federal tax withholdings; updating allotments, ID cards, and to update your mailing address. If you have **any** questions, **TALK TO YOUR YEOMAN.**

Complete the following: <ol style="list-style-type: none"> 1. A (DD-Form-1172) to update the DEERS database (visit your nearest ID card facility) or calling 1 (800) 538-9552 (except CA, AK or HI), 1 (800) 334-4162 (California) or 1 (800) 527-5602 (Alaska or Hawaii). 2. Update and verify the information on your Direct Access generated BAH/Dependency Data form and Emergency Contact Information. 3. Update personal contact information (e-mail, phone, address) in Direct Access. 4. A Travel Claim for you and your dependents. 5. A BAH/Housing Worksheet (CG PSC 2025). 6. If the PCS is applicable to a BAH or OHA rate protection provision, submit a Housing Allowance Protection Worksheet (CG PSC-2025A) to Commandant (CG-1222). 7. An Allotment Worksheet (CG PSC-2040) or use Direct-Access to update allotment addresses. 8. A Bond Worksheet (CG PSC-2060) or use Direct-Access to update bond addresses. 	Date Completed <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>								

WHAT IS YOUR NEW MAILING ADDRESS, PHONE NUMBER AND EMAIL ADDRESS?

SPO will use this information to update block 22 of your LES (*you can also use Direct-Access self-service to enter these changes*)

Address:		Apt/Lot #:	
City:	State:	Zip Code (+ 4):	
Home Number:	Work Phone:	Other Phone (cell, pager, etc. Indicate type and number):	
Primary Email Address:		Home/Internet Email Address:	

*This will NOT change your allotment or bond addresses, submit the appropriate worksheet or use Direct-Access to change.

Date Reported:	Time Reported:	Is this detached duty? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Yes	No	Answer the questions below. Your response(s) will determine which action(s) the SPO will complete.
<input type="checkbox"/>	<input type="checkbox"/>	Did you travel as directed on your orders? (If no, explain the changes)
<input type="checkbox"/>	<input type="checkbox"/>	Did you go TAD/TDY in connection with this PCS transfer?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want advances? (If yes, submit an Advances Worksheet)
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to change where or how you receive your pay? (If yes, submit a Pay Delivery Worksheet or use Direct-Access to update.
<input type="checkbox"/>	<input type="checkbox"/>	Are the addresses for your allotments and bonds current? (If no, submit an Allotment or Bond Worksheet or use Direct-Access to update.
<input type="checkbox"/>	<input type="checkbox"/>	Are you changing your state or federal tax withholding or do you need to resume state tax collection due to residing in your legal state of residence? (If yes, contact your yeoman for specific state withholding procedures). You can change your federal and state tax withholdings in Direct-Access. However, only the SPO can enter your exemption from state taxes if you are eligible.
<input type="checkbox"/>	<input type="checkbox"/>	Have you had any change in dependency? (If yes, submit a Dependency Worksheet (CG PSC-2020) and DD-Form-1172)
<input type="checkbox"/>	<input type="checkbox"/>	Do you want TRICARE Dental coverage for your dependents? (If yes, call 1 (888)622-2256 or visit http://www.ucci.com to enroll)
<input type="checkbox"/>	<input type="checkbox"/>	Did you participate in the last SWE?
<input type="checkbox"/>	<input type="checkbox"/>	Are your ID card and/or your dependent ID cards current?
<input type="checkbox"/>	<input type="checkbox"/>	Are you entitled to Family Separation-Housing (FSH)? Note: Applicable if transportation of dependents is not authorized at government expense to your new unit or to a place near your unit. No government family-type quarters are available for assignment to you.

Common Problems

PCS Reporting/ Departing	Failure To.....	May Result In.....
	update allotment/bond address	nonreceipt of allotment/bond
	update DEERS information	<ul style="list-style-type: none"> • denied payment of Tri Care Claims • delays in payment of Tri Care Claims • denied enrollment in Family Mbr. Dental Plan • denied treatment MTFs
	enroll dependents in Family member Dental Plan	denied payment of FMDP claims
	update Pay Delivery Worksheet	pay not being delivered to intended place
	update Dependency Worksheet	underpayment/overpayment of BAH/COLA/OHA/DLA and travel
	report unknown payments or deduction(s) reflected on your LES	underpayment or overpayment

PCS Reporting Only	Failure To.....	Will Result In.....
	file member and or dependent travel claims	recoupment of all member and or dependent travel advances, including DLA
	submit BAH Worksheet	delay of entitlement to BAH rate at new Duty Station

Privacy Act Statement

In accordance with 5 USC Section 522a(e)(3), the following Information is provided to you when supplying personal information to the U. S. Coast Guard:
 Authority - 10 USC Section 2771. Principal Purpose(s) - Used to update member's records upon reporting to a new permanent duty station. Routine uses - Same. Disclosure - Disclosure of information is voluntary, but without disclosure the member may encounter problems with pay, taxes, dependent coverage and current identification cards.

Member's Signature	Date:	For SPO Use Only	
Command Approval	Date:	Action Completed Date: _____	Initials: _____