



DEPARTMENT OF THE NAVY

NAVY RECRUITING DISTRICT NEW YORK
990 STEWART AVENUE
2ND FLOOR, SUITE 220
GARDEN CITY, NY 11530-4858

NAVCRUITDISTNYINST 5400.1T

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12 Apr 16

NAVCRUITDIST NEW YORK INSTRUCTION 5400.1T

Subj: LEADING CHIEF PETTY OFFICER/LEADING PETTY OFFICER/RECRUITING STATION TURNOVER AND MINOR PROPERTY RESPONSIBLE OFFICER RELIEVING PROCEDURES

Ref: (a) COMNAVCRUITCOMINST 1130.8J
(b) COMNAVCRUITCOMINST 4400.1E
(c) COMNAVCRUITCOMINST 5040.2S
(d) COMNAVCRUITCOMINST 5400.2E

Encl: (1) LCPO/LPO Relieving Letter Format
(2) GPS and E-Z Pass Custody and Transfer Sheet
(3) NRS Minor Property Inventory
(4) Computer Equipment
(5) DEP Custody Turnover Record
(6) Special Request/Authorization (if necessary)
(7) No Cost Move (if necessary)
(8) Letter of Designation
(9) Financial Liability Investigation of Property Loss (DD Form 200)

1. Purpose. To establish standard relieving procedures for the position of Leading Chief Petty Officer (LCPO)/Leading Petty Officer (LPO) at Navy Recruiting District (NRD) New York.

2. Cancellation. NAVCRUITDISTNYINST 5400.1S

3. Background. References (a) through (d) delineate the duties and responsibilities of an LCPO/LPO and required actions which must be accomplished during the relieving and station turnover process. Enclosures (1) through (9) are required to ensure a thorough and accurate turnover and relieving process.

4. Action

a. LCPO/LPO

(1) The current and incoming LCPO/LPO will each submit enclosure (6), of this instruction to the Commanding Officer (CO) via the Chain of Command and await approval prior to commencing turn-over procedures.

(2) Will request through the Supply Officer a copy of enclosure (3) for their station turnover.

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(3) The current and incoming LCPO/LPO will submit enclosures (1) through (5) to the CO via the Recruiting Operations Officer (ROPS) reporting transfer of responsibility for that station and all associated part-time stations, within five days of directed turnover/relief date.

(4) The current and incoming LCPO/LPO will complete a station turnover inspection per reference (d) to include a Plan of Action and Milestones (POA&M) for identified discrepancies. The turnover inspection will be included in the turnover package and shall be routed to the CO within the prescribed timeframe. POA&M updates will be provided weekly to the Training Officer.

b. Recruiting Operations Officer

(1) Will notify the perspective LCPO/LPO of their assignment as LCPO/LPO and will direct him/her to complete enclosure (6) and route through the Chain of Command.

(2) Will notify the CO, via the Executive Officer within one week of completion of the turnover by routing enclosures (1) through (9) as prescribed below:

- (a) OPS Administration
- (b) Recruiting Operations Officer
- (c) Executive Officer
- (d) Commanding Officer
- (e) Administrative Officer
- (f) Supply Officer
- (g) Systems Administrator
- (h) Training Officer
- (i) Delayed Entry Program (DEP) Coordinator

(3) Will review package for completeness and direct the Chief Recruiter and/or Assistant Chief Recruiter on any items of concern.

c. Administrative Officer

(1) Will retain enclosures (6) through (8) for three years or through member's tour of duty, whichever is longer.

d. Supply Officer

(1) Will provide a copy of enclosure (3) to each Navy Recruiting Station prior to LCPO/LPO turnover. Any materials loss must be justified on enclosure (9) and will accompany the inventory.

(2) Will provide assistance with inventories of minor property and vehicles, as required.

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(3) Will retain copies of enclosures (2) and (3) on file for three years or through member's tour of duty, whichever is longer.

e. Systems Administrator

(1) Will provide assistance with inventories of computer equipment as required per enclosure (4).

(2) Will retain copies of enclosure (4) on file for three years or through member's tour of duty, whichever is longer.

f. Training Officer

(1) Will retain copies of the station turnover inspection for three years or through member's tour of duty, whichever is longer.

(2) Will track POA&M through completion by weekly updates.

g. Delayed Entry Program Coordinator

(1) Will retain copies of enclosure (5) for one year.

(2) Will verify completion of DEP custody turnover, per reference (a), in R-Tools and report status of such on the station turnover package routing cover sheet.

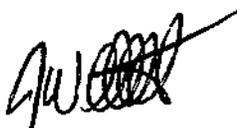
h. Operations Administration (OPS Admin)

(1) Upon receipt of an approved Special Request/Authorization, enclosure (6), will generate a No Cost Move memorandum, enclosure (7), and route through Chain of Command for CO signature.

(2) Will provide the incoming LCPO/LPO with relieving package consisting of enclosures (1) through (5).

(3) Once relieving package is received, will generate Letter of Designation, enclosure (8), and route entire package through the Chain of Command as described in paragraph 4.b.(2). of this instruction.

(4) Will maintain a complete copy of the relieving package for three years or through member's tour of duty, whichever is longer.



J. W. STICHT

NAVCRUITDISTNYINST 5400.1T

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LCPO/LPO RELIEVING LETTER

(DATE)

From: _____, USN
(Incoming LCPO/LPO)

To: Commanding Officer, Navy Recruiting District New York

Subj: LEADING CHIEF PETTY OFFICER/LEADING PETTY OFFICER RELIEVING
LETTER

Ref: (a) NAVCRUITDISTNYINST 5400.1T

Encl: (1) GPS and E-Z Pass Custody and Transfer Sheet
(2) NRS Minor Property Inventory
(3) Computer Equipment
(4) DEP Custody Turnover Record
(5) Special Request/Authorization (if necessary)
(6) No Cost Move (if necessary)

A thorough turnover has been conducted between (Outgoing LCPO/CPO) and (Incoming LCPO/LPO) at Navy Recruiting Station (NRS) (Name of Station) per reference (a). Enclosures (1) through (6) are forwarded for review.

1. NRS _____ does/does not (circle one) have any part-time offices (PTOs). (If the station does have an associated PTO, an additional enclosure (2) must be submitted and accounted for.

2. I am ready to assume the duties and responsibilities of a LCPO/LPO (circle one).

(SIGNATURE OF OUTGOING)

(SIGNATURE OF INCOMING)

Enclosure (1)

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GPS, E-Z PASS AND VEHICLE CUSTODY AND TRANSFER SHEET

DATE: _____

From: _____
(RANK/RATE/NAME/STATION OR OFFICE)

To: Supply Officer

GPS#	E-Z Pass#	Vehicle#	Mileage#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

transferred to _____
(RATE/NAME)

(NAME OF STATION OR OFFICE IF OTHER THAN STATION ABOVE)

LCPO/LPO: _____
(SIGNATURE)

(TO BE FILLED OUT BY PERSON RECEIVING CUSTODY OF GPS, E-Z PASS AND VEHICLE)

I ACCEPT CUSTODY OF ALL E-Z PASSES LISTED ABOVE

I ACCEPT CUSTODY OF GPS DEVICES LISTED ABOVE

I ACCEPT CUSTODY OF VEHICLES LISTED ABOVE

SIGNATURE/DATE: _____

DEFENSE PROPERTY ACCOUNTABILITY SYSTEM
 CUSTODIAN ASSET REPORT
 ASSET ID SEQUENCE

REPORT: WPHR0101R
 SITE ID: NT-MPTE

ACTBL UIC: N00022 MANPOWER TRAINING & EDUCATION, PENSACOLA, FL
 UIC: N62445 NAVY RECRUITING DIST. NEW YORK, NY
 CUSTODIAN NBR: 104075 ABF2 DUARTE
 OFFICE NAME: NEWARK
 PHONE NBR: 973 645-1092

ASST ID	STOCK NBR	SERIAL NBR	LOT NBR	ITEM DESC	QTY	ACQ COST
LOC	SUB LOC	INVT LOC	ASST CD	LEASE	LST INV DT	NON-ACTBL
INVT LOC	SUB LOC	INVT LOC	ASST LVL	LOSS	PILFRBL	EXCS ACTN CD
MFR NAME	MFR PART NBR	MFR MODEL NBR	CD	STS CD	MFR YR	
6244571511	666500F008499	1MM636585	K	GPS	1	\$109.00
NEWARK			U	G	05/20/2014	YES
NEWARK			EA	NON ACCOUNTABLE	NO	
GARMIN		NUVI 255W	EI	NON ACCOUNTABLE	2010	
6244572615	366001F002278	0001294	K	SHREDDER	1	\$460.00
NEWARK RESV			U	G	05/21/2014	YES
NEWARK RESV			EA	N	NO	
UNASSIGNED			EI	NON ACCOUNTABLE	2006	
6244572641	729000F003659	0404425	K	DVD/VCR COMBINATION	1	\$125.00
NRRS NEWARK			U	G	05/21/2014	YES
NRRS NEWARK			EA	N	NO	
UNASSIGNED			EI	NON ACCOUNTABLE	2006	
6244572906	582501F008412	108BLC32HV40H02617	K	TELEVISION FLAT SCREE	1	\$432.00
NEWARK			U	G	05/21/2014	YES
NEWARK			EA	N	NO	
UNASSIGNED			EI	NON ACCOUNTABLE	2009	
6244572907	676000F004515	KCGJL84281948	K	CAMERA, DIGITAL	1	\$100.00
NEWARK			U	G	05/21/2014	YES
NEWARK			EA	N	NO	
KODAK		KODAK	EI	NON ACCOUNTABLE	2008	
6244572908	599901F001451	ABEX43608	K	STATION, DOCKING, CAM	1	\$200.00
NEWARK			U	G	05/21/2014	YES
NEWARK			EA	N	NO	
CANON INCORPORATED		CS36	EI	NON ACCOUNTABLE	2008	

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SPECIAL REQUEST/AUTHORIZATION		SUPPORTING DIRECTIVE MILPERSMAN ARTICLES 1810-010 AND 1810-040
PRIVACY ACT STATEMENT THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301, AND FRIM E.O. 9397 DEPARTMENTAL REGULATIONS. THE PRINCIPLE PURPOSE OF THE INFORMATION IS TO ENABLE YOU TO MAKE KNOW YOUR DESIRE FOR ITEMS LISTED OR FOR SOME OTHER SPECIAL CONSIDERATION OR AUTHORIZATION. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR ELIGIBILITY FOR AND APPROVING OR DISAPPROVING THE SPECIAL CONSIDERATION OR AUTHORIZATION 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.		
NAME:		RATE:
SHIP OR STATION:		DATE OF REQUEST:
DEPARTMENT/DIVISION:		DUTY SECTION/GROUP:
NATURE OF REQUEST: <input type="checkbox"/> LEAVE <input type="checkbox"/> SPECIAL LIBERTY <input type="checkbox"/> SPECIAL PAY <input type="checkbox"/> COMMUTED RATIONS <input type="checkbox"/> OTHER (BELOW)		
NO. OF DAYS REQUESTED:	FROM (DATE AND TIME):	TO (DATE AND TIME):
DISTANCE (MILES):	MODE OF TRAVEL: <input type="checkbox"/> CAR <input type="checkbox"/> AIR <input type="checkbox"/> TRAIN <input type="checkbox"/> BUS	
LEAVE ADDRESS:		TELEPHONE NUMBER:
REASON FOR REQUEST:		
SIGNATURE OF APPLICANT:		
I AM ELIGIBLE AND OBLIGATE MYSELF TO PERFORM ALL DUTIES OF PERSON MAKING APPLIZATION.		
SIGNATURE OF STANDBY:		DUTY STATION:
RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE	
RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE	
RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE	
RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE	
RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE	
RECOMMENDED APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE	
REASON FOR DISAPPROVAL:		

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NO COST MOVE

From: Commanding Officer, Navy Recruiting District, New York

To: BM2(SW) John A. Sailor, USN

Ref: (a) NAVCRUITDISTNYINST 5400.1T

Block 1. Personnel Data:

Recruiter to be relocated:

Current Assignment: NRS A (ISP)

Proposed Assignment: NRS B

Block 2. Justification

(Date)

NRS _____ is within the same corporate boundaries as NRS _____; therefore, the proposed relocation constitutes a no cost move. A no cost move is a permanent change of assignment where the commuting distance does not require you to change your place of residence and is within the same permanent duty station. You are not authorized any other entitlements or reimbursements of a PCS transfer. This move meets all of the requirements of reference (a), and the no cost move is authorized.

Commanding Officer

Block 3. Recruiter Acknowledgement

I understand and accept the move from _____ to _____. Should I and/or my family members move, I understand I must update my NAVPERS 1070/602 and command recall immediately.

BM2(SW) John A. Sailor, USN

Enclosure (7)

NAVCRUITDISTNYINST 5400.1T

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1100
00

From: Commanding Officer, Navy Recruiting District New York
To: HT2(SW) Recruiter A. Outstanding, USN

Subj: ORDERS AS LEADING CHIEF PETTY OFFICER/LEADING PETTY
OFFICER (AS APPLICABLE), NAVY RECRUITING STATION XXXXXX

Ref: (a) COMNAVCRUITCOMINST 1130.8J
(b) COMNAVCRUITCOMINST 4400.1E
(c) COMNAVCRUITCOMINST 5040.2S
(d) COMNAVCRUITCOMINST 5400.2E

1. Upon receipt of these orders, you are assigned the duty of Leading Chief Petty Officer/Leading Petty Officer (as applicable), Navy Recruiting Station XXXX.
2. Your responsibilities as LCPO/LPO (as applicable) are detailed in references (a) through (d). Reference (b) provides specific guidance for assistance in your transition to your assigned billet.
3. Per reference (c) and pursuant to the authority vested in me, you are hereby the Minor Property Accountable Officer responsible for minor property assigned to your station.
4. The above authorization is in effect immediately and will remain in effect until the date of your detachment, or when terminated by the Commanding Officer.

COMMANDING OFFICER

Enclosure (8)

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FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

1. DATE INITIATED (YYYYMMDD)		2. INQUIRY/INVESTIGATION NUMBER		3. DATE LOSS DISCOVERED (YYYYMMDD)	
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION		6. QUANTITY	7. UNIT COST	8. TOTAL COST
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)			<input type="checkbox"/> Lost	<input type="checkbox"/> Damaged	<input type="checkbox"/> Destroyed
			<input type="checkbox"/> Organization	<input type="checkbox"/> Installation	<input type="checkbox"/> OCIE
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)		b. TYPED NAME (Last, First, Middle Initial)		c. DSN NUMBER	
		d. SIGNATURE		e. DATE SIGNED	
12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one)		b. COMMENTS/RECOMMENDATIONS			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)		d. TYPED NAME (Last, First, Middle Initial)		e. DSN NUMBER	
		f. SIGNATURE		g. DATE SIGNED	
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one)	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)		e. TYPED NAME (Last, First, Middle Initial)		f. DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	
14. APPROVING AUTHORITY					
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)		e. TYPED NAME (Last, First, Middle Initial)		f. DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>		
b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	f. TYPED NAME <i>(Last, First, Middle Initial)</i>	g. DSN NUMBER
	h. DATE SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	i. DATE APPOINTED <i>(YYYYMMDD)</i>
	j. SIGNATURE	k. DATE SIGNED
16. INDIVIDUAL CHARGED		
a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND <i>(X one)</i>		
<input type="checkbox"/> Submit the attached statement of objection. <input checked="" type="checkbox"/> Do not intend to make such a statement.		
b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.		
c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	d. TYPED NAME <i>(Last, First, Middle Initial)</i>	e. DSN NUMBER
	f. SIGNATURE	g. DATE SIGNED
17. ACCOUNTABLE OFFICER		
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD		
b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	c. TYPED NAME <i>(Last, First, Middle Initial)</i>	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED