H&S BN,	HQMC HENDERSON HALL	CHECK-IN/CHECK OUT SHEET	(circle one) Date	e:
Rank:	Name:	EDIPI:	Company:	Plt:
Phone N	ımber	Emailormation)		
	(Best contact infe	ormation)		
BY ORI		COMMANDER EVERY MARINE, ACH SECTION WITHIN 5 DAYS OF		D, WILL CHECK
	11.	The state of the s	2122 0212 2110	
Contact	the Section in the order list	ted below:		
BLDG #	<b>29</b> 2703-614-7171			
2. COMPA	NY OFFICE (LAST IF CHECKI	NG OUT) - (Company Commander, Senior I	Enlisted Advisor)	
• HQ C	O (Henderson Hall) 703-693-1457	or 703-693-8876	_	
• COM	PANY A (HQMC Sections) 703-69	93-1457 or 703-693-8876		
• COM	PANY B (Non-Marine Corps Cmd	s) 703-693-7404 or 703-693-6262	-	
• COM	PANY C (IMA) 703-693-6654			
3. ADJUTA	ANT/ S-1 703-614-2014 (physical o	check-in/out required)	_	
4. SACO: 1	JRINALYSIS w/in 72 hours of ch	neck-in 703-614-8932 (check-in only)	_	
5. DMO 70	3-614-7191or 693-8768 Hrs 0800-	1630	_	
6. UNIFOR	RM READINESS COORDINATO	R (URC) 703-614-7190 or 703-859-2611 (che	ck-inonly)	
7. S-3/TRA	INING & PME SCHOOL 703-614	4-1471 (check-in only)	_	
8. SAFETY	703-693-8771		_	
9. SUPPLY	703-614-2149 (physical check-in/	out required)	_	
	RKS MANAGER (703) 614-4961 ETURN ALL OFFICE KEYS/KA	Located Bidg 29A ASTLE CARDS TO S-4 UPON CHECKING	G OUT)	
11. S- 6 70	3-614-8670 (Complete SAAR thro	ugh CO staff to Activate usmc.mil acct; HQ C	Co, B Co, C Co only)	
12. EDUC	ATION & CAREER SERVICES 70	03-614-9104	_	
13. CAREI	ER PLANNER (enlisted only) 202-	657-8462	_	
14. CHAP	LAIN 808-349-2292 (check-in onl	у)		
15. Friday	s 0800-1000, Attend mandatory W	elcome Aboard Brief 703-693-9197	_	
16. BN SG	TMAJ 703-614-2014 (All SNCO)		_	
17. BN CO	703-614-2014 (ALL O6s only, by	appointments)	_	
BLDG#	12			
18. EXCE	PTIONAL FAMILY MEMBER P	ROGRAM (EFMP) 703-693-6368	-	
19. SEXU	AL ASSAULT RESPONSE COO	RDINATOR (SARC) 202-439-5827	_	
20. FINA	NCIAL COUNSELOR (ROBERT	<b>REA)</b> 202-384-5731	_	

Smith Gym – Bldg. 27 Uniform Shop – Inside MCX The Vineyard – Bldg. 31 Zemblec Pool – Bldg. 11

H&S BN, HQMC HENDERSON HALL	CHECK-IN/CHECK OUT	sнеет (circle one)	Date:
MEDICAL SIGNATURE/STAMP		<b>DENTAL</b> SIGNATURE/STAMP	
I CERTIFY THAT I HAVE CHECK-IN/CHE		SECTION	
SIGNATURE:	DATE:		
COMPANY COMMANDER / ISTSGT :	D	ATE:	

## MCCS HENDERSON HALL FACILITIES 1555 SOUTHGATE ROAD, ARLINGTON, VIRGINIA 22214



