

Required Documents for BAH Waiver Requests

- AA form from the Marine endorsed by O5 or higher in chain of command
- Basic Orders
- MCTFS Screens (S901, D150, CHRO)
- Substantiating documents to validate member's request

Once signed by your chain of command submit to

smb.manpower.mmib3@usmc.mil

https://www.manpower.usmc.mil/webcenter/portal/MMIB3/pages_bahretentionwaiverforpme

STEPS TO COMPLETE:

Draft AA Form

Route and have signed by your immediate CO (O5 Level)

Submit via S-1 to smb.manpower.mmib3@usmc.mil

Wait for approval or requests for more documents (up to 3 weeks)

Submit a copy of the approval to your OMPF via email at smb.manpower.mmrp-20@usmc.mil

- Write your EDIPI directly on the document in a location that can be clearly read and we will remove it during processing. Do not use the tool in adobe acrobat to place your EDIPI in as it does not transfer during processing.
- Every document submitted should be formatted as a single-sided black and white multi-page document and each document cannot not exceed 900 Kilobytes (KB).
- If you are sending multiple documents try to place as many documents into one .pdf. Each document cannot exceed 900 KB and the .pdf should not exceed 4 Megabytes (MB).
- Do not name your attachments the same name.
- We are unable to process documents submitted using Microsoft Works software. Use only JPEG or PDF formats.
- Please allow up to (7) working days for your request to be processed.

Submit Approval to IPAC via EPAR at <https://mol.tfs.usmc.mil/epar-app/eparRecord.xhtml> requesting delayed dependent travel BAH be ran.

ADMINISTRATIVE ACTION (5216)

NAVMC 10274 (REV. 3-93) (EF)

Previous editions will be used

SN: 0109-LF-063-3200 U/I: PADS OF 100

1. ACTION NO.	2. SSIC/FILE NO.
3. DATE	

4. FROM (Grade, Name, SSN, MOS, or CO, Pers. O., etc.)		5. ORGANIZATION AND STATION (Complete address)	
6. VIA (As required)			
7.		8. NATURE OF ACTION/SUBJECT	
TO:			
		9. COPY TO (As required)	
10. REFERENCE OR AUTHORITY (if applicable)		11. ENCLOSURES (if any)	
12. SUPPLEMENTAL INFORMATION (Reduce to minimum wording - type name of originator and sign 3 lines below text)			

13. PROCESSING ACTION. (Complete processing action in item 12 or on reverse. Endorse by rubber stamp where practicable.)