

DoDEA AUTHORIZED DEPARTURE (AD) REQUEST

EMPLOYEE NAME (Last, First):

POSITION TITLE: PAY GRADE:

WORK LOCATION/SCHOOL:

(FT BUCHANAN, RAMEY SCHOOL, ETC)

HOME ADDRESS

STREET:

CITY:

STATE:

ZIP:

SAFE HAVEN LOCATION

HOTEL:

(If applicable; if staying with friends/family, provide address below)

STREET:

CITY:

STATE:

ZIP:

THIS AUTHORIZED DEPARTURE REQUEST IS FOR:

Employee only

Employee and Eligible Family Members (EFMs) listed below

Only EFM(s) listed below

Only EFM(s) listed below- Requesting travel for employee to escort EFM(s) to safe haven in the US and then return to Permanent Duty Station

EFM FULL NAME (Last Name, First Name)	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH	AGE	<u>DATE OF MARRIAGE</u> (Spouse Only)
	Spouse			

TO SUPPORT A WAIVER OF THE DOD TRAVEL RESTRICTIONS, PLEASE EXPLAIN WHY THIS REQUEST WAS NOT SUBMITTED WITHIN 14 CALENDAR DAYS OF THE 1 APRIL 2020 AUTHORIZED DEPARTURE MEMO AND/OR WHAT CIRCUMSTANCES CHANGED:

DATE EVACUATION DESIRED:

IF THE DESIRED EVACUATION DATE IS BEYOND 7 CALENDAR DAYS OF THE DATE OF THIS REQUEST, PLEASE PROVIDE WHY YOU ARE REQUESTING A DELAYED EVACUATION:

By signing, I certify that I have reviewed the CDC guidance on high-risk individuals at <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html> and determined that I and/or my EFM as stated above, meet the criteria of an individual at a higher risk of a poor outcome if exposed to COVID-19. I understand that false statements may disqualify me for authorized departure under DoD and DoS regulations. I also understand these costs may become my personal responsibility, subject to collection as an overpayment in the event that approval of travel is determined to be unwarranted.

By signing, I certify that I am not a family member of a service member or another employee who is filing for reimbursement for my family members and myself.

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

FOR AGENCY USE ONLY	
SEA Max Lodging Rate:	<input type="text"/>
SEA M&IE Rate:	<input type="text"/>
Daily Transportation Allowance:	\$25 per day
For DD Form 1610:	
SEA Per Diem (Lodging M&IE):	<input type="text"/>
Daily Transportation Allowance:	<input type="text"/>
For DD Form 1351- 2: SEA	
SEA (M&IE only):	<input type="text"/>
Daily Transportation Allowance:	\$25 per day
SEA Lodging (from Receipts):	<input type="text"/>
Hotel Taxes (from Receipts):	<input type="text"/>