



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
HEADQUARTERS
4800 MARK CENTER DRIVE
ALEXANDRIA, VA 22350-1400**

**MISSION ESSENTIAL TRAVEL REQUEST (METR)
ACTION MEMO**

FOR: DIRECTOR, DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

FROM: CHIEF OF STAFF

SUBJECT: Mission Essential Travel Request for Temporary Duty

References: (a) Secretary of Defense Memorandum, "Transition to Conditions-based Phased Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions" (22 May 2020)
(b) Department of Defense Education Activity Memorandum, "Updated Department of Defense Education Activity Travel Request Guidance" (January 14 2021)

1. Name of the Travel/Event: Temporary Duty (TDY) travel for Purpose.
2. Dates of the Travel/Event: Day Month 2021 - Day Month 2021.
3. Location of the Travel/Event: Location of TDY.
4. Traveler Information: Employee Name.
5. Estimated Total Expenses for Those Attending/Hosting: \$X,XXX.XX.
6. Travel/Event Purpose and How it Advances the Mission of DoDEA: Brief description of the travel requirement and how it is mission essential.
7. Request for Exception to Policy: Request exception to the DoD travel restriction to allow for mission critical requirements. Traveler must adhere to COVID-19 related medical screening protocols, restrictions, and requirements, and abide by all applicable host nation, installation, and local, State, and Federal requirements, including Restriction of Movement. This exception is valid for travel between the origin, destination, and return to include any intermediate stops required by the routing.

RECOMMENDATION: Approve the subject travel request.

Thomas M. Brady, Director, Department of Defense Education Activity (DoDEA)

Approved _____ Disapproved _____

Prepared by: First and Last Name, email address, phone number.



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**MEMORANDUM FOR: SATO TRAVEL OFFICES- WORLDWIDE
AIR MOBILITY COMMAND**

FROM: DIRECTOR, DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

SUBJECT: Exception to Policy for Employee Dependent Medical Travel

References: (a) Secretary of Defense Memorandum, "Transition to Conditions-based Phased Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions" (22 May 2020)
(b) Department of Defense Education Activity Memorandum, "Updated Department of Defense Education Activity Travel Request Guidance" (January 14 2021)

1. In accordance with the Secretary of Defense Memorandum, "Transition to Conditions-based Phased Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions (22 May 2020), the following DoDEA Employee and dependent are authorized travel:
 - a. First and Last Name, DoDEA Employee.
 - b. First and Last Name, daughter of DoDEA Employee.
2. Air Mobility Command Patriot Express is authorized for air travel as appropriate. An exception to the COVID-19 space-available eligibility and reserved/ticketed seat restrictions is approved. This exception is valid for travel between the origin, destination, and return to include any intermediate stops required by the routing. Please allow and arrange travel accordingly.
3. Request exception to the DoD travel restriction to allow for Employee Dependent Medical Travel. Traveler(s) must adhere to COVID-19 related medical screening protocols, restrictions, and requirements, and abide by all applicable host nation, installation, and local, State, and Federal requirements, including Restriction of Movement.
4. Point of contact is First Name Last Name, Email address and phone number.

Thomas M. Brady
DoDEA, Director
SES-3



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MISSION ESSENTIAL TRAVEL REQUEST (METR)
ACTION MEMO

FOR: DIRECTOR, DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

FROM: CHIEF OF STAFF

SUBJECT: Travel Request for Emergency Visitation Travel

References: (a) Secretary of Defense Memorandum, "Transition to Conditions-based Phased Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions" (22 May 2020)
(b) Department of Defense Education Activity Memorandum, "Updated Department of Defense Education Activity Travel Request Guidance" (January 14 2021)

1. Name of the Travel/Event: Emergency Visitation Travel (EVT) due to reason.
2. Dates of the Travel/Event: Day Month 2021 to Day Month 2021.
3. Location of the Travel/Event: City, State.
4. Traveler Information: John Doe, DoDEA Employee. (adjust to indicate dependent, if necessary)
5. Estimated Total Expenses for Those Attending/Hosting: \$XXXX.XX.
6. Travel/Event Purpose and How it Advances the Mission of DoDEA: EVT due to Reason verified by Red Cross message. (Short description of the situation requiring EVT)
7. Request for Exception to Policy: Request exception to the DoD travel restriction to allow for emergency visitation travel. Traveler must adhere to COVID-19 related medical screening protocols, restrictions, and requirements, and abide by all applicable host nation, installation, and local, State, and Federal requirements, including Restriction of Movement. This exception is valid for travel between the origin, destination, and return to include any intermediate stops required by the routing.

RECOMMENDATION: Approve the subject travel request.

Thomas M. Brady, Director, Department of Defense Education Activity (DoDEA)

Approved _____ Disapproved _____

Prepared by: First and Last Name, email address, phone number.

Department of Defense Education Activity (DoDEA)
Travel Health Risk Assessment

Under Secretary of Defense Memorandum dated December 29, 2020, Subject: “Force Health Protection Guidance (Supplement 14) – Department of Defense Guidance for Personnel Traveling During the Coronavirus Disease 2019 Pandemic,” requires DoD employees and family members to complete a health risk assessment before all government- funded travel.

Name of Travelers; please list all traveling:

Date of Requested Travel Departure:

Origin and Destination Locations: From: _____ To: _____

Please answer the following questions for all members of the traveling party (Each DoDEA employee requires a separate assessment. The DoDEA Employee attests to information respective to traveling family members):

1. Have you exhibited any signs or symptoms of COVID-19 within the last 14 days? Yes No
2. Have you had contact with anyone having, or known to have exhibited, signs or symptoms of COVID-19, or who has tested positive for COVID-19 in the previous 14 days? Yes No
3. Have you traveled to a country, a State, territory or county with high or increasing COVID-19 transmission within the previous 14 days? Yes No
4. Are you at increased risk of severe illness of COVID-19? Yes No
5. Are you familiar with how to self-monitor and what actions to take if you or a family member develops COVID-19 symptoms or contracts COVID-19? Yes No
6. Does your destination have pre or post travel quarantine/ROM requirements, such as a mandatory 14-day quarantine/ROM prior to or upon your arrival? Yes No

If yes, consult your supervisor prior to travel for all quarantine/ROM requirements and comply accordingly.

7. Pre- flight COVID-19 tests are required between 24-72 hours of your flight. Are you aware of this requirement and prepared to facilitate this test in accordance with your travel schedule? Yes No

By signing, I certify that I have completed this travel health risk assessment in accordance with DoD guidance and I will travel in accordance with DoD and Host Nation requirements. I understand that false statements may result in DoDEA disciplinary actions to include host nation legal action. Additional travel costs associated with failure to follow travel restrictions may result in costs becoming my personal responsibility.

Traveler Signature
(Digital or Ink):

Date of Signature:

MEMORANDUM FOR RECORD

SUBJECT: REIMBURSEMENT FOR COVID-19 TESTING

I, _____, do hereby certify by this statement that expenses associated with a DoDEA management mandated COVID-19 test are not being reimbursed by my healthcare provider, insurance, or any other entity. Receipts validate out of pocket expenses therefore, support this request for reimbursement.

By signing, I certify that I have reviewed submitted receipts and verify accuracy of these costs. I understand that false statements may disqualify me from reimbursement under DoD regulations. I also understand these costs may become my personal responsibility, subject to collection as an overpayment in the event that approval for reimbursement is determined to be unwarranted. By signing, I certify that I am unable to receive any portion of reimbursement from any health insurance provider or any other source.

Employee Signature:

Date:

Authorizing Manager Signature:

Date: