USPACOMINST 0201.2

23 August 2012

| TRAVEL AUTHORIZATIONS FOR PARTICIPANTS IN UNFUNDED ENVIRONMENTAL AND MORALE LEAVE (Ref: USPACOMINST 0201.2) | | | | | | |
|---|--------------------------|---------------------|--|-------------------------|-------------------------------|--|
| Read Privacy Act statement and re | , | | , | ting this form | | |
| ROUTING INFORMATION | | | • • | • | | |
| 1. To: | | | 2. From: | | | |
| | | | | | | |
| TRAVELER'S INFORMATION 3. Name of Sponsor (Last, First MI) | | rado | 5. SSN | 6 Unit / Organization | | |
| | 4. 6 | 4. Grade 5. SSN | | 6. Unit / Organization | | |
| 7. Name (Last, First MI) | 8. P | 8. Passport # / SSN | | 9. Grade / Status | 10. DOB (Minor Dependents) | |
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| DATES | | | | | | |
| 11. Effective Sign-up Date: | | 12. E) | piration Date (Max 90 | 0 days): | | |
| ITINERARY | | • | | | | |
| 13. From (point of origin) | 14. To (Ma reached is | | ple destinations, but f estination) | irst 15. Return (point) | 15. Return (point of origin) | |
| SPONSOR CERTIFICATION | | | | | | |
| I have read and understand USPA | | | | | | |
| certify the information provided on this form is true and accurat 16. Signature of Sponsor | | | | 17. Date | | |
| THIS SECTION FOR AUTHORIZING | | | | | | |
| 18. REMARKS (Comments if needed.) | | | | | | |
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| 19. Typed Name, Grade, Title of Unit Commander or Designated Approving Official | | 20. Signature | | | | |
| | 7.40 | | | 1.1. | | |
| USPACOM FORM 505/3 EF (0 | 7-10) | Previou | is editions are obso | olete. | | |

PRIVACY ACT STATEMENT

<u>Authority</u>: 10 U.S. Code 124: Executive Order 9397, 22 Nov 1943. Social Security Number (SSN). <u>Principal Purpose</u>: Used to authorize travel in Space Available status on DOD aircraft by Environmental and Morale Leave (EML) by eligible members and authorized dependents. <u>Routine Use</u>: Used by appropriate authority to evaluate an applicant's and/or applicant's authorized dependent(s) eligibility to be issued travel authorization under the EML program. Use of SSN is necessary to make positive identification of individual records. This information becomes the record copy of orders after approval/authentication and enables members/authorized dependent(s) in designated areas to procure transportation from and to aerial port of embarkation. Disclosure: Voluntary, However, failure to complete this form procludes publication of EML erders

Disclosure: Voluntary. However, failure to complete this form precludes publication of EML orders.

RESTRICTIONS

- Travel is space available only.

- Travel is authorized from or return to EML designated site by authorized uniform Service members and authorized dependents. It is not for dependent travel for visiting uniformed Service member's EML duty station.

- Travel must comply with directives pertaining to passports, visas, foreign customs, country clearances, and immunizations.

- Travel within CONUS under this program is prohibited.

- Traveler must have sufficient personal funds to defray the cost of return trip to point of origin if space available transportation is not available.

 Members must conform to appropriate service uniform directives when traveling aboard DOD-owned or controlled aircraft, except as stipulated in the Foreign Clearance Guide. Failure to conform with uniform directives may result in the loss of travel privileges.

- Maximum authorized baggage is 2 pieces not to exceed 70 pounds each.

- Failure to register for follow-on routing within 6 hours at transit terminal may result in the loss of followon priority and/or sign-up order.

- Travel must be completed by the date indicated in Section 3.

- Violation of DOD 4515.13-R, may result in the individual being held accountable for charges based on AMC tariff rate.

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TRAVEL INFORMATION