

What is Emergency Visitation Travel (EVT)

The purpose of EVT, except as indicated in the Joint Travel Regulation (JTR), is to allow an eligible DoDDS employee assigned at a permanent duty station in a foreign country or one eligible family member to travel at government expense to CONUS , non-foreign OCONUS area, or other location in certain family emergency situations. All EVT must be approved/authorized by MER in the DoDDS-E arena.

- a. An eligible Employee is a US citizen assigned to a foreign country who has a Transportation Agreement with DoDEA that provides for return travel to the employee's home of record.

1. WHO TRAVELS: One government paid ticket is authorized for the employee or a qualified family member (as defined in the JTR) who is listed on the employee's orders.

2. WHAT DOES EVT COVER: An approved EVT authorizes one round trip airline ticket. (Hotel, rental cars, ground transportation, taxi's, shuttle busses, trains, per diem, etc. are NOT authorized.)

3. WHAT QUALIFIES: Qualification is based on the JTR and is determined by MER.

- a. Death of an immediate family member as defined in the JTR.
- b. Immediate family member as defined in the JTR is ill/injured and facing imminent death.
- c. Incapacitation of parent or parent in law: Condition that impairs an individual's ability to continue living independently.

* All EVT's are evaluated on a case by case basis as defined in the JTR.

Please remember that the principal only approves leave for the employee to be absent. MER Approves EVT travel. The DSO processes the EVT request.

An employee can request leave even if he/she does not qualify for EVT. The principal can approve leave within the limits authorized. Please be careful when discussing EVT as cases arise. Do not assure the teacher that they will qualify. Just assist them in getting the appropriate paperwork to the DSO ASAP.

EVT Snapshot

Emergency Visitation Travel (EVT) – DoDEA is paying for the airline ticket- round trip, no deviations, economy class, restricted ticket-no other authorizations.

Employee must have a transportation agreement.

Red Cross Message required to initiate EVT process.

EVT is for one person...employee or spouse or child who can travel unaccompanied.

EVT only granted for qualifying family members:

Parents – impending death or death/ incapacitated parent (case by case)

Children – impending death or death

Siblings- death

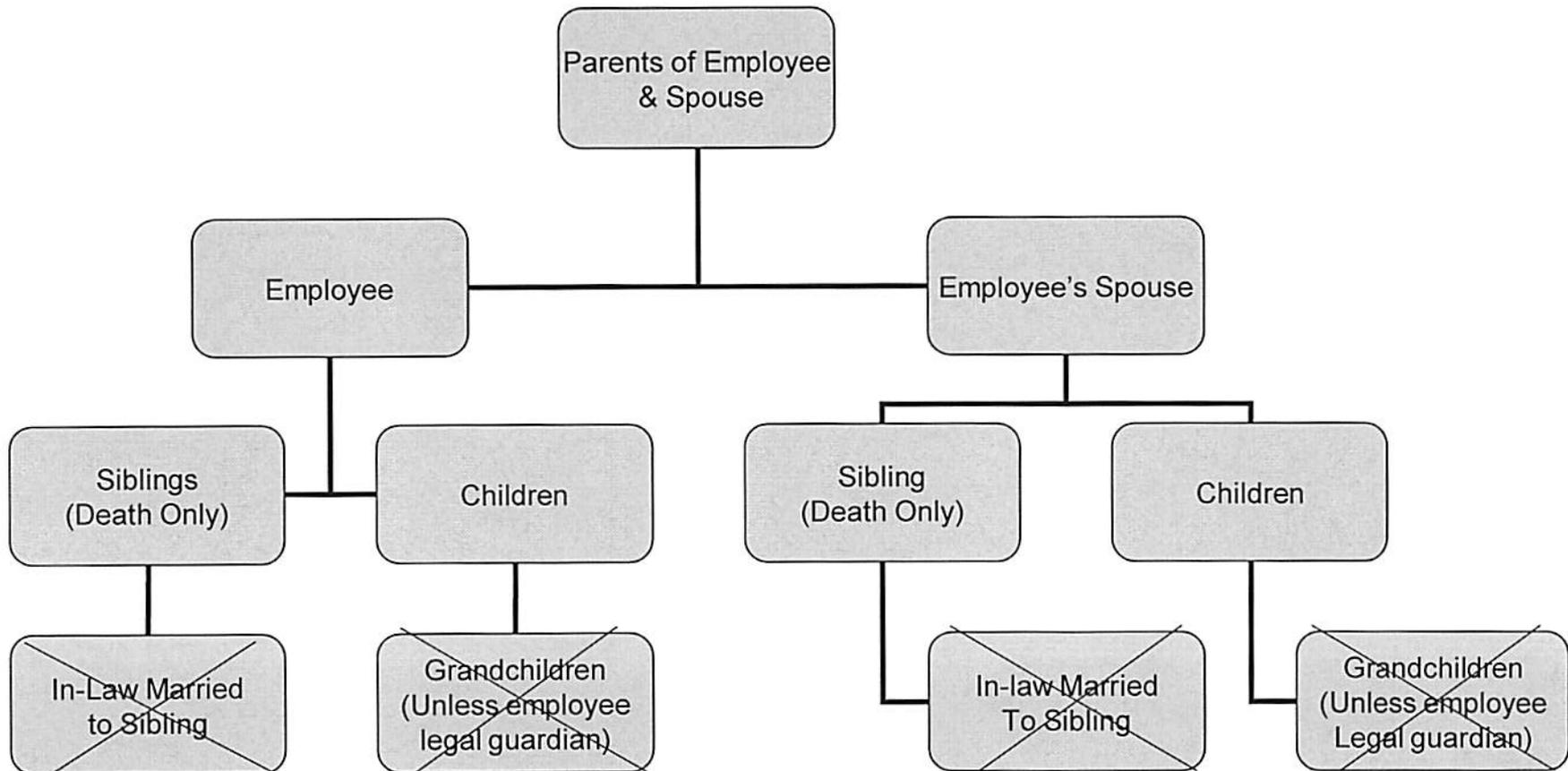
Under provisions of the Family Leave Medical Act the principal can approve the employee to use sick leave for family emergencies that do not meet the EVT criteria. This is not automatic and if it will involve LWOP the LWOP needs to be requested in advance.

There is no weekend EVT process. The EVT will be processed on Monday in the case of a weekend notification. The employee can purchase his/her own ticket and leave on the weekend if you have the Red Cross notification and approve the leave for the employee. They must understand that you are not approving the EVT. The DSO approves the EVT so there is no guarantee that they will be reimbursed. They must purchase an economy class ticket and will be reimbursed at the government rate based on the rate the date the ticket was purchased. They must fly on an American carrier. If they book with SATO, SATO can book on Lufthansa as United, but if the employee purchases directly from Lufthansa the ticket will not be reimbursed even if the EVT is approved. Ticket will only be reimbursed if the EVT criteria is met, death or impending death (hours to days).

DSO with LER makes decision on whether or not the request meets the EVT criteria. Do not deny an EVT without contacting the DSO. You can say, I do not think this will qualify, but do not deny.

Carol J. Kuzmick

EVT Approvals*



**General visual of EVT authorized approvals. However, make sure to check with Labor & Employee Relations to ensure the situation can be approved.*

Documents Required for Completed EVT Request

1. Copy of the Employee's Current Transportation Agreement
(Employee can get this from TOPS if he/she does not have a copy.)
2. Request for Travel Orders
3. Copy of signed Repayment Acknowledgement
4. Copy of approved Request for Leave (Principal Approves)
(If they have no sick leave, then LWOP must also be requested)
5. Typed copy of the word-for-word Red Cross Message, name of person who received the message, Red Cross Verification Number, date and time message was received.
6. Either Certification for EVT for Medical Reasons or a copy of the EVT Certification for Incapacitated Parent. (In the case of death, use the EVT for Medical Reasons.)
7. DTS registration form. Only required if the employee has not traveled Since the adoption of DTS. If employee is unsure, include it as it is required to cut the orders.

The DSO will cut the orders and purchase the ticket for the employee. The employee must go to SATO and make a reservation and get a copy of the itinerary and price so that we can purchase the ticket. If the employee chooses to purchase the ticket personally (IBA) he/she will be reimbursed only at the government rate or actual cost of ticket, whichever is cheaper (usually the government ticket is cheaper).

Request for Travel Orders

Section A	1. Date of Request:		2. Official Name of Traveler:		3. SSN:	
	4. Official Duty Station:			5. Position Title/Grade:		
	6. Outlook E-mail Address:					
	7. Government Credit Card Holder: Yes <input type="checkbox"/> No <input type="checkbox"/>			8. Division:		9. Telephone
	10. Departing from: (City/Country)			11. Anti-terrorism briefing completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:		
Section B	1. DoDEA Directed Travel: Yes <input type="checkbox"/> No <input type="checkbox"/>		2. Per Diem Authorized: Yes <input type="checkbox"/> No <input type="checkbox"/>		3. Emergency Visitation Travel Authorized: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	4. Group Travel Requested (see Travel Order Group Roster Attachment): Yes <input type="checkbox"/> No <input type="checkbox"/>					
	5. Purpose of Travel:					
	6. Dates of Activity:			7. Location of Activity:		
	8. Per Diem Itinerary by City					
	a. Date:		b. Location:			
	DEP					
	ARR					
	DEP					
	ARR					
DEP						
ARR						
DEP						
9. Variations Authorized (through Deputy Director/Chief of Staff only) : Yes <input type="checkbox"/> No <input type="checkbox"/>						
10. Excess Baggage Authorized (through Deputy Director/Chief of Staff only) : Yes <input type="checkbox"/> No <input type="checkbox"/>						
Section B.1	TICKETING ITINERARY					
	1. (Employees not assigned to DoDDS-Europe in Wiesbaden, Germany should make ticketing arrangement through local SATO/CTO)					
	a. FROM		b. TO		c. DATE	d. TIME
	NOTE: You will be issued a restricted, non-refundable ticket unless otherwise requested.		2. Do you require an Unrestricted Ticket? Yes <input type="checkbox"/> No <input type="checkbox"/> Justification:			
	3. Seat Preference: Aisle <input type="checkbox"/> Window <input type="checkbox"/>		4. Do you want SATO to book your Rental Car: Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. Do you want SATO to book your Hotel? If Yes provide Hotel Information (Address/ Telephone/Fax Number)		6. Cost Estimates:				
			a. Government	b. Commercial	c. Estimated Cost	
		Air				
		Rail				
		Auto				
		Reg. Fee				
Other						
Section B.2	1. Org Code:			2. Pcode:		
	3. Actual Expense Authorized: (Actual expense authorization letter attached)					
	4. Requested Annual Leave dates:		a. From:		b. To:	
	5.			a.	b.	
	Division Chief/Supervisor			Approved	Disapproved	

Section C

Authorizations/Additional comment/information:

Rental Car is authorized	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Taxi is authorized to and from local airport	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Taxi is authorized in and around TDY area	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Internet fees authorized	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Parking fees authorized	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Commercial rail/bus authorized	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Government vehicle authorized	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Official telephone calls authorized	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Private auto is authorized. Miles from home (_____) (mileage rate - .405 x miles from home)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Highway/bridge tolls authorized	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Postal fee for shipment of materials from TDY location is authorized	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Cost
Tickets purchased by: IBA-Individually Billed Account (traveler pays) CBA-Centrally Billed Account (booked through CTO/SATO with organization funds)	IBA <input type="checkbox"/> CBA <input type="checkbox"/>	Cost

Special Instructions/Traveler Comments:

Section D

Traveler should review local security information at (see additional information on page 5):

- <http://travel.state.gov/>
- http://www.dodea.edu/log/safety_security/threat.htm
- http://www.dodea.edu/log/safety_security/personal_security.htm
- <http://www.eucom.mil/Directorates/ECSM/main.htm>
- <http://www.cdc.gov/travel/>

For further information contact Samuel Dones 338-7445.

Request for Leave or Approved Absence

1. Name (Last, first, middle)	2. Employee or Social Security Number
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3. Organization

4. Type of Leave/Absence					5. Family and Medical Leave
Check appropriate box(es) and enter date and time below)	Date		Time		Total Hours
	From	To	From	To	
<input type="checkbox"/> Accrued annual leave					
<input type="checkbox"/> Restored annual leave					
<input type="checkbox"/> Advance annual leave					
<input type="checkbox"/> Accrued sick leave					
<input type="checkbox"/> Advance sick leave					
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other					
<input type="checkbox"/> Compensatory time off					
<input type="checkbox"/> Other paid absence (specify in remarks)					
<input type="checkbox"/> Leave without pay					

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

I hereby invoke my entitlement to family and medical leave for:

- Birth/Adoption/Foster care
- Serious health condition of spouse, son, daughter, or parent
- Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. Certification: I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature	7b. Date signed
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8a. Official action on request Approved Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature	8d. Date signed
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Privacy Act Statement
 Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

REPAYMENT ACKNOWLEDGEMENT

I, (name) _____ certify that I have read and understand the Emergency Visitation Travel (EVT) regulations in the Joint Travel Regulation (JTR), Chapter 6, Part O, and that all expenditures made by my Command in connection with my EVT (or EVT for my eligible spouse (name) _____) are subject to collection as an overpayment in the event that approval of such travel is determined to be unwarranted under the provisions of JTR Chapter 6, Part O. If I do not repay these funds immediately upon demand, I understand that the Government may pursue collection of these funds through deductions from salary, lump-sum payments, or any other remedy.

(signature of employee) (date) (typed or printed name of employee)

After return to PDS. In each case in which EVT is taken in advance of authorization, the employee must submit to a statement to the Heidelberg DSO not more than 30 calendar days after completion of travel describing the circumstances for which travel was performed. The statement must include:

The name, address, and relationship of the ailing immediate family member _____

A report from the attending physician or hospital describing the nature of the illness at the time of travel (attach the report).

The Authorizing Official (AO) determines whether or not the family member's medical status at the commencement of EVT met the requirements of C6675-E7. If the AO determines that the family member's status did not satisfy the requirements, all EVT expenses become the employee's financial responsibility.

CERTIFICATION – EVT FOR MEDICAL* REASONS

Authorization procedure. An employee's request for EVT authorization/ approval for medical reasons must include necessary information required to access the medical condition of the immediate family member to be visited so that the Authorizing Official (with the assistance of medical officials if available) can make a determination whether the medical condition of the family member meets the requirements of para. C6675-E7. The necessary information includes:

The name and address of the immediate family member.

The family member's relationship to the employee (or to the employee's spouse).

The telephone number of the attending physician or hospital.

The name, address, and telephone number of a person at the family member's location who may be contacted in connection with the emergency.

The relationship of the above person to the immediate family member.

C6675-E3 IMMEDIATE FAMILY MEMBER

For the purpose of EVT, "immediate family member" means the following relatives of the employee:

1. Spouse.
2. Children, including stepchildren, adopted children, and those who are under legal guardianship, and spouses thereof.
3. Parents of employees and parents of the employee's spouse.

For EVT travel in cases of death, immediate family members include the siblings (including stepbrothers and stepsisters) of the employee and the employee's spouse.

*** Medical.** A member of the employee's or the employee's spouse's immediate family is seriously ill or injured and faces imminent death. A serious illness or injury is one in which death is imminent or likely to occur as determined by medical officials.

CERTIFICATION – INCAPACITATED* PARENT

I, _____ certify that it is necessary for me (or for my spouse)
(name of employee)
to travel to the location of my (or my eligible spouse's)

parent, _____,
(name of parent)

who resides at: _____

(complete address of parent)

to assist in getting appropriate care or making new living arrangements due to recently discovered incapacity. I have the following indications that my (or my eligible spouse's) parent may not be able to continue living independently: _____

I hereby declare that, if approved, this will be my ___ employee ___ spouse
___ first / ___ second eldercare trip at Government expense during my lifetime.

(signature of employee) (date) (printed/ typed name of employee)

C6678 INCAPACITATED PARENT

Travel purpose. Travel must be to arrange medical care or home care services or to evaluate a facility placement for a parent who has become incapacitated and may not be able to continue living independently. Examples of circumstances in which this EVT may be approved include:

1. Eyesight of a mother/ father/ stepparent (or one who has acted in this capacity) has deteriorated so the person may no longer be able to continue living independently.
2. A mother/ father/ stepparent (or one who has acted in this capacity) must leave an assisted living facility because the person requires medical or other care that is not available at that facility.
3. A mother/ father/ stepparent (or one who has acted in this capacity) is showing increasing signs of dementia and may require placement in a skilled nursing facility.
4. Similar circumstances.

* Incapacitation: A physical or mental health condition that may impair an individual's ability to continue living independently.

Recommended Information for Self-Registration DTS

COMMON DATA

SSN (REQUIRED)

FIRST NAME

MIDDLE INITIAL

LAST NAME

Gender

EMAIL ADDRESS:

Duty Station Data

School Name

Address, Line 2

City (Do not use APO/FPO)

State/Country

Zip Code

Telephone

Government Charge Card (GOVCC) Data

GOVCC Holder (Y/N)

Account Number

Expiration Date

PRIVACY ACT

AUTHORITY: 5 U.S.C. 57, Travel, Transportation, and Subsistence; 10 U.S.C. 135, Under Secretary of Defense (Comptroller); 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013 Secretary of the Navy; 10 U.S.C. 8013 Secretary of the Air Force; DoD Directives 7000.14-R; and E.O. 9397 (SSN). **PRINCIPAL PURPOSE(S):** To obtain information for processing a request to travel at Government expense on official Department of Defense business and for processing a claim for reimbursement of authorized and legitimate expenses incurred as a result of such travel.

ROUTINE USE: For Federal and private entities providing travel services for purposes of arranging transportation at Government expense for official business.

DISCLOSURE: Voluntary, however, failure to provide all of the requested information may preclude the processing of both the travel request and the claim for reimbursement.

DEPARTMENT OF DEFENSE: Department of the Army Narrative Statement on a New System of Records Under the Privacy Act of 1974.

General Traveler Data

GS EQUIVALENT GRADE (i.e., GS-12, GS-6)

Mailing Address, Line 1

Mailing Address, Line 2

APO/FPO

State/Country

Zip Code

Is Mailing Address Same as Residential Address (Y/N)

Personal Data

Resident Address, Line 1

Resident Address, Line 2

Resident City (Do not use APO/FPO)

Resident State/Country

Resident Zip Code

Resident Telephone

Electronic Funds Transfer Data

(Enter only ONE Account and Routing Number)

This is a mandatory requirement, funds are disbursed through Direct Deposit.

CHECKING ACCOUNT

Check Routing Number*

**The first nine-digit number at the bottom of your checks.*

Account Number

SAVINGS ACCOUNT

Savings Routing Number

Savings Account Number

SAVE THIS FORM WITH A DIFFERENT FILE NAME PRIOR TO EMAILING.

To send this form to your appropriate DTA: High-light the appropriate email address in the drop down box, cut and paste it into a new email message.

Select from list