

Subject: Emergency Visitation Travel (EVT)  
-- EVT Application Packet: Bavaria DSO instructions for employees and school administration

Directory: 102-2b-3\ EVT\ Bavaria DSO

## INDEX

<b>TAB</b>	<b>SUBJECT</b>
Tab 01	Cover sheet for the Application Packet - Purpose of EVT - Definition of eligible employee - Definition of eligible family member
Tab 02	DD Form 1610 annotated with instructions and definitions
Tab 03	SF-71, Leave Request, annotated
Tab 04	Repayment Acknowledgement
Tab 05	Certification – EVT for Medical Reasons - Definition of immediate family member
Tab 06	Certification – Incapacitated Parent - Examples of EVT to care for incapacitated parent
Tab 07	American Red Cross Procedures
Tab 08	EVT Table

T A B 01

T A B 01

# EVT APPLICATION PACKET

## 102-2b-3\ EVT\ Heidelberg DSO

The purpose of Emergency Visitation Travel (EVT), except as indicated in the Joint Travel Regulation (JTR) at paragraph C6675-D, is to allow an eligible employee\* assigned at a permanent duty station (PDS) in a foreign country OR one eligible family member\*\* to travel at Government expense to the CONUS, non-foreign OCONUS area, or other location in certain family emergency situations.

See the JTR at Chapter 6, Part O for a complete explanation of the EVT program.

\* Eligible employee – An employee who is a U.S. citizen assigned at a PDS in a foreign country, who has a service agreement (Transportation Agreement) that provides for return travel to the employee's actual residence.

\*\* Eligible family member – The following individuals, who are part of the employee's household at the OCONUS PDS:

- Children who are unmarried and under age 21 years or who, regardless of age, are physically or mentally incapable of self-support. The term includes, in addition to natural offspring, stepchildren and adopted children and those under legal guardianship of the employee or the spouse when such children are expected to be under legal guardianship at least until they reach age 21 and when dependent upon and normally residing with the guardian.

- Parents (including stepparents and legally adoptive parents) of the employee or of the spouse, when such parents are at least 51 percent dependent on the employee for support.

- Sisters and brothers (including stepsisters or stepbrothers, or adoptive sisters or brothers) of the employee, or of the spouse, when such sisters and brothers are at least 51 percent dependent on the employee for support, unmarried and under age 21, or regardless of age, are incapable of self-support.

- Spouse.

T A B 02

T A B 02

**Request for Travel Orders**

<b>Section A</b>	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:		
<b>Section B</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 <a href="#">Travel Order Group Roster</a> Attachment): Yes <input type="checkbox"/> No <input type="checkbox"/>					
	5. Purpose of Travel:					
	6. Dates of Activity:			7. Location of Activity:		
	<b>8. Per Diem Itinerary by City</b>					
	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"/>						
<b>Section B.1</b>	<b>TICKETING ITINERARY</b>					
	1. (Employees not assigned to DoDDS-Europe in Wiesbaden, Germany should make ticketing arrangement through local SATO/CTO)					
	a. FROM		b. TO		c. DATE	
<b>NOTE: You will be issued a restricted, non-refundable ticket unless otherwise requested.</b>			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)			<b>6. Cost Estimates:</b>			
			a. Government	b. Commercial	c. Estimated Cost	
Air						
Rail						
Auto						
Reg. Fee						
Other						
<b>Section B.2</b>	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 type="checkbox"/>	Cost
Taxi is authorized to and from local airport	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cost
Taxi is authorized in and around TDY area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cost
Internet fees authorized	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cost
Parking fees authorized	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cost
Commercial rail/bus authorized	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cost
Government vehicle authorized	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cost
Official telephone calls authorized	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cost
Private auto is authorized. Miles from home (_____) (mileage rate - .405 x miles from home)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cost
Highway/bridge tolls authorized	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cost
Postal fee for shipment of materials from TDY location is authorized	Yes <input type="checkbox"/>	No <input 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/threat.htm)
- [http://www.dodea.edu/log/safety\\_security/personal\\_security.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.

Section E

**REMARKS: (NUMBERS CORRESPOND WITH ITEMS ON REVERSE SIDE OF FORM 1610). CHECK ALL THAT APPLY**

**This portion of the form is to be filled out by the Approving Division Chief or Authorized Designee**

1. Traveler will submit Travel Claim Voucher within 5 working days following completion of travel.
2. VOCO-CFM
3. Advance per diem/payment authorized.
4. Excess baggage of \_\_\_ pounds is authorized.
5. A mandatory, reimbursable registration fee of \_\_\_\_\_ is authorized.
6. Use of autobahns is authorized.
7. Car rental is authorized.
8. Traveler will be in Leave status from \_\_\_\_\_.
9. Quarters and meals are provided by government contract and traveler will incur no expenses for these costs during the period of \_\_\_\_\_.
10. Use of government quarters not required, as it would adversely affect the assigned mission.
11. Quarters are available. A statement of non-availability will be obtained by the traveler from the Billeting Officer if government quarters are not used.
12. Travel is restricted to U.S. Flag Carrier.
13. A government Contracted Travel Office (CTO) is to be the sole source for all official travel performed on commercial air. Currently employees covered under the CBA are exempt from this provision.
14. Time spent in excess of travel time normally authorized for usual routing will be charged to annual leave or LWOP.
15. No per diem authorized as temporary duty including travel time can be accomplished within 24 hours.
16. When appropriate, daily round trip authorized each conference day from duty station in lieu of overnight billeting.
17. Local National and Non-U.S. personnel are authorized payment in accordance with CTA 2, Appendix R.
18. Traveler will provide a copy of paid DD 1351-2 settlement voucher or AE-257, plus a copy of airfare ticket costs, if applicable, to \_\_\_\_\_.
19. Vicinity travel authorized in and around TDY sites.
20. Intercity (IC, EC) and TEE commercial rail is authorized.
21. Any deviations from block 13 must be supported by a statement of non-availability from the government CTO.
22. Transportation provided at no expense to individual by Transportation Officer (travel in connection with team members via government bus or government provided commercial transportation). Air travel authorized to Sigonella.

23. IAW DSG 2740.2, Host schools are required to provide billeting to visiting teams, and coaches are to be with team members; therefore, government quarters are to be used, whenever possible.

24. If the trip itinerary is cancelled or changed after tickets (or transportation requests, if issued) are issued to the traveler, the traveler is liable for their value until all ticket coupons have been used for official travel and/or all unused tickets are properly accounted for on the travel reimbursement voucher.

#### Section F

### **Travel Safety and Security Information Paper**

1. **SUBJECT:** Antiterrorism/Force Protection Travel Policy for DoDDS-E Area Employees

2. **PURPOSE:** Prior to travel, provide threat, security, safety and emergency information for an employee authorized official travel to another country in the Area of Operations of USNORTHCOM, USEUCOM and USCENTCOM. **New Unified Commands effective October 1, 2002.** This requirement is in addition to annual Level I AT refresher training.

3. **REFERENCE:** United States European Command Antiterrorism – Force Protection Operation Order 01-01, dated June 30, 2001.

4. **WEB SITES TO REVIEW:**

a. Department of State:  
[http://travel.state.gov/travel\\_warnings.html](http://travel.state.gov/travel_warnings.html) This site provides current security and political climate of the country.

b. DoDEA Safety and Security:  
[http://www.dodea.edu/log/safety\\_security/threat.htm](http://www.dodea.edu/log/safety_security/threat.htm) This site provides the current terrorism country threat levels. From highest to lowest :  
**HIGH – SIGNIFICANT – MODERATE – LOW**

c. DoDEA Safety and Security:  
[http://www.dodea.edu/log/safety\\_security/personal\\_security.htm](http://www.dodea.edu/log/safety_security/personal_security.htm) This site is a personal protection guide for the traveler.

d. EUCOM Special Assistant for Security Matters:  
<http://www.eucom.mil/Directorates/ECSM/main.htm> This site provides travel information and advisories.

e. Centers for Disease Control:  
<http://www.cdc.gov/travel/> This site provides current medical/health information to the country of official travel.

#### Section G

**PRIVACY ACT STATEMENT**

*(5 U.S.C. 552a)*

**AUTHORITY:** 5 U.S.C. §§5701, 5702, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** Used for reviewing, approving, and accounting for official travel. SSN is used to maintain a numerical identification system for individual travelers.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel request.

**16. REMARKS** *(Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)*

T A B 03

T A B 03

## REQUEST FOR LEAVE OR APPROVED ABSENCE

1. <b>NAME</b> (Last, First, Middle Initial)	2. <b>EMPLOYEE OR SOCIAL SECURITY NUMBER</b>
--	--

3. **ORGANIZATION**     **The name of your school**

4. <b>TYPE OF LEAVE/ABSENCE</b> <i>(Check appropriate box(es) below.)</i>	<b>DATE</b>		<b>TIME</b>		<b>TOTAL HOURS</b>	5. <b>FAMILY AND MEDICAL LEAVE</b>
	From	To	From	To		
<input type="checkbox"/> <b>Accrued Annual Leave</b>						If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information:  <input type="checkbox"/> <b>I hereby invoke my entitlement to Family and Medical Leave for:</b>  <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent <input type="checkbox"/> Serious Health Condition of Self  Contact your supervisor and/or your personnel office to obtain additional information about our entitlements and responsibilities under the Family and Medical Leave Act of 1993.
<input type="checkbox"/> <b>Restored Annual Leave</b>						
<input type="checkbox"/> <b>Advance Annual Leave</b>						
<input checked="" type="checkbox"/> <b>Accrued Sick Leave</b>						
<input type="checkbox"/> <b>Advance Sick Leave</b>						
<b>Purpose:</b>	<input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member			
<input type="checkbox"/> <b>Compensatory Time Off</b>						
<input type="checkbox"/> <b>Other Paid Absence</b> <i>(Specify in Remarks)</i>						
<input type="checkbox"/> <b>Leave Without Pay</b>						

6. **REMARKS:**  
 Note: A TP employee may use APL, sick leave, or LWOP for EVT.  
 A GS employee may use annual leave, sick leave, or LWOP for EVT.

7. **CERTIFICATION:** I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested 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.

**EMPLOYEE SIGNATURE** **DATE**

8. **OFFICIAL ACTION ON REQUEST:**      **APPROVED**      **DISAPPROVED**  
*(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

**SIGNATURE** **DATE**

**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 to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

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.

T A B 04

T A B 04

### 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.

T A B 05

T A B 05

## 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.

T A B 06

T A B 06

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.

T A B 07

T A B 07

## ATTACHMENT 1

### AMERICAN RED CROSS PROCEDURES

Authorization of Emergency Visitation Travel under the provisions of JTR, Chapter 6, Part O, par. C6675 is dependent on verification of the family emergency by the American Red Cross. The Red Cross sends messages quickly, anywhere in the world, and the information or verification in this message assists the employee's supervisor in making a decision regarding emergency leave.

General information regarding Red Cross Services may be found at:

<http://www.redcross.org/>

Specific information regarding Red Cross Emergency Verification Services may be found at:

[http://www.redcross.org/services/afes/0,1082,0\\_321\\_,00.html](http://www.redcross.org/services/afes/0,1082,0_321_,00.html)

#### **Procedures for Contacting the Red Cross to Send an Emergency Message:**

Families of DoDDS employees residing in the United States can call the Red Cross Armed Forces Emergency Service Centers for help seven days a week, 24 hours a day, 365 days a year. The toll-free telephone number is available through local military installation operators and from local Red Cross offices and local Red Cross chapters.

Red Cross chapters are listed in local telephone books and on the American Red Cross Web site at <http://www.redcross.org/where/where.html>

DoDDS personnel in overseas areas should call installation operators or the on-base Red Cross offices.

When calling the Red Cross to arrange for the transmission of an emergency message to the supervisor, please have ready the following information, which will speed the process of sending the message:

- Employee's Full Name
- Supervisor's Name
- School/Office of Assignment
- Employee's Social Security Number
- Military Address
- Commercial Telephone Number

T A B 08

T A B 08

C6680 EVT TABLE

**EMERGENCY VISITATION TRAVEL**

TRAVEL AUTHORIZED	WHO MAY TRAVEL	VISITATION OBJECTIVE	AUTHORIZATION	ACTION REQUIRED BY EMPLOYEE	LIMITATION OF EVT VISIT
<u>Medical</u> (Serious Illness or injury) (Pars. C6675-A1 & C6676)	<ul style="list-style-type: none"> <li>Employee or</li> <li>Eligible Spouse</li> </ul>	To visit immediate family member seriously ill or injured, near death	Authorized by Chapter 6, Part O	<ul style="list-style-type: none"> <li>Provide required medical contact information.</li> <li>Submission of repayment acknowledgement, if traveling in advance of authorization.</li> </ul>	Employees and their spouses are limited to one round trip for each serious illness or injury of each immediate family member.
<u>Death</u> (Immediate family member) (Pars. C6675-A2 & C6677)	<ul style="list-style-type: none"> <li>Employee or</li> <li>Eligible Spouse</li> </ul>	Attend interment of immediate family member (includes siblings).	Authorized by Chapter 6, Part O	<ul style="list-style-type: none"> <li>Identify deceased family member not more than 30 calendar days after travel completion.</li> <li>Submission of repayment acknowledgement.</li> </ul>	Only one round trip may be taken in case of death of any immediate family member. Travel must commence as soon as possible following notification of death.
<u>Death</u> (Employee or eligible family member dies outside CONUS or Non-foreign OCONUS area) (Pars. C6675-A2 & C6677)	<ul style="list-style-type: none"> <li>Employee; and</li> <li>Eligible family member(s)</li> </ul>	Attend interment of employee or eligible family member who dies outside CONUS or non-foreign OCONUS area.	Number of travelers must be authorized/approved by AO	<ul style="list-style-type: none"> <li>Request AO approval</li> <li>Submission of repayment acknowledgement.</li> </ul>	One round trip to the place of interment is allowable for eligible family members resident at the employee's PDS.
<u>Incapacitated Parent</u> (Pars. C6675-A3 & C6678)	<ul style="list-style-type: none"> <li>Employee or</li> <li>Eligible Spouse</li> </ul>	Assist parent suffering recent health breakdown that threatens continued independent living.	Authorized by Chapter 6, Part O	<ul style="list-style-type: none"> <li>Submission of self-certification acceptable to the AO<sup>1</sup>.</li> <li>Submission of repayment acknowledgement, if appropriate.</li> </ul>	Not to exceed two round trips over the lifetime of each eligible individual (the employee and the employee's spouse).
<u>Unusual Personal Hardship</u> (Pars. C6675-A4 & C6679)	<ul style="list-style-type: none"> <li>Employee or</li> <li>Eligible Spouse</li> </ul>	Exceptional circumstances warrant travel otherwise precluded by EVT limitations.	Authorized by the individual delegated authority for that purpose under criteria established by the DOD component concerned.	<ul style="list-style-type: none"> <li>Submission of any available documentation related to request.</li> <li>Submission of repayment acknowledgement.</li> </ul>	Decided on a case-by-case basis.

Footnote 1: The self-certification must include the employee's statement indicating the number of EVT trips already taken by the employee or spouse during their lifetime under the authority in pars. C6675-A3 & C6678 (Incapacitated Parent) and must be accompanied by information provided by the doctor, nursing home or social worker involved in the case.

Change 489  
7/1/06

C60-11