

OCONUS TRAVEL REQUEST

PRIVACY ACT STATEMENT

AUTHORITY: MEDCoE Policy Memorandum 19-002 SUBJ: OCONUS Leave and Travel Clearance Policy
PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating and approving or disapproving individuals requesting OCONUS travel. NOTE: Records may be maintained in both electronic and/or paper form.
ROUTINE USES: Information collected is used to process requests for OCONUS Travel. Official online systems, which are FOR OFFICIAL USE ONLY, require information provided on this request.
DISCLOSURE: Disclosure of information is voluntary. Failure to provide information may delay or prevent further processing of this request.

1. NAME (Last, First, Middle Initial)		2. UIC	3. DATE (YYYYMMDD)
4. OFFICIAL E-MAIL ADDRESS		5. ORGANIZATION/DEPARTMENT	
6. DESIGNATION OF PERSON	7. DUTY PHONE	8. UNIT ADDRESS	
9. JOB TITLE AND GRADE/RANK		10. TRAVELER MOBILE (include carrier)	11. HIV DATE
12. DATE OF BIRTH	12a. PLACE OF BIRTH		13. ADDITIONAL TRAVELERS
14. PASSPORT NUMBER	14a. PASSPORT EXPIRATION DATE	14b. PLACE PASSPORT ISSUED	
15. DEPARTURE DATE	15a. DEPARTING FROM (CONUS)	15b. ARRIVAL DATE	15c. ARRIVING TO (OCONUS)
16. RETURN DATE	16a. DEPARTING FROM (OCONUS)	16b. ARRIVAL DATE	16c. ARRIVING TO (CONUS)
17. FUNDING SOURCE	18. LEGAL REVIEW	19. CLEARANCE TYPE	20. PERSONAL EMAIL ADDRESS (@gmail.com, @yahoo.com, etc.)
21. AT LEVEL 1 DATE	21a. SERE 100 DATE	21b. USFK DATE (Korea only)	21c. S.T.E.P. ENROLLMENT DATE
22. ANY ADDITIONAL TRAINING & DATES (HUMAN RIGHTS, FORCE PROTECTION PLAN, COMBATING TRAFFICKING IN PERSONS, etc.)			
23. LOCATION(S) BEING VISITED (please include ports for cruise travel)		24. OCONUS POINT OF CONTACT FOR TDY (Name, Rank, Phone, Email)	
25. LODGING INFORMATION: NAME, ADDRESS AND PHONE (INCLUDE NAME, RELATIONSHIP, ADDRESS AND PHONE IF NOT STAYING COMMERCIALY)		26. DETAILED ITINERARY (PLEASE INCLUDE FLIGHT NUMBERS, ARRIVAL AND DEPARTURE TIMES)	
		27. REASON FOR TRAVEL (e.g. Vacation, unclassified description of TDY.)	
28. SUPERVISOR'S/DIRECTOR'S NAME, RANK		28a. SUPERVISOR'S/DIRECTOR'S PHONE, EMAIL	
29. APPROVER (O5 OR ABOVE) NAME, RANK		29a. APPROVER (O5 OR ABOVE) PHONE, EMAIL	
TRAVELER'S COMMAND 24-HOUR CONTACT NUMBER		COMMAND / ORGANIZATION OFFICE CODE (Exp; B Co, STUDENT DETACHMENT)	
ADDITIONAL APPROVAL NOTIFICATION E-MAIL ADDRESSES		30a. AOR LOCATION SPECIFIC BRIEFS HAVE BEEN VIEWED (Please see instructions for detailed list)	Initial:
WILL WEAPONS BE CARRIED DURING THIS TRAVEL YES NO		30b. COUNTRY SPECIFIC BRIEF HAS BEEN VIEWED (Please see instructions for link)	Initial:
31. SSN & DOD ID NUMBER		32. ADDITIONAL TRAVELER INFORMATION (Please include Name, Rank/Grade, Phone, Email)	

INSTRUCTIONS – OCONUS TRAVEL REQUEST, FEB 2019

The prescribing document is MEDCoE Policy Memorandum 19-002 SUBJ: OCONUS Travel Clearance.

- (1) Name. The last name, first name, and middle initial of the traveler.
- (2) UIC (optional). The command's 5 digit Unit Identification code (i.e. UIC #: W3VZCF).
- (3) Date. The date the OCONUS Travel Request is being submitted. All dates on the request will be entered in the YYYYMMDD format (i.e. 20161205).
- (4) Official E-mail Address. The user's official e-mail address (john.d.doe.mil@mail.mil, .civ@mail.mil, .ctr@mail.mil, etc.).
- (5) Organization/Department: The organization (i.e. MEDCoE, RAND, etc.) the traveler is assigned to and the Department/Directorate, or section (i.e. MEDCoE, 32d MED BDE S3).
- (6) Designation of Person. The traveler's designation: MILITARY, CIVILIAN, CONTRACTOR, or VOLUNTEER.
- (7) Duty Phone Number: The commercial number of the traveler's work location, (i.e. 210.000.0000).
- (8) Unit Address Example: 3360 Stanley Road, JBSA Fort Sam Houston, TX 78234.
- (9) Job Title and Grade/Rank: Traveler's duty title (i.e. Deputy, G1 or NCOIC, G3/5/7) and Grade/Rank (i.e. E7/SFC, CTR, GS11).
- (10) Traveler Phone Number: Traveler's ten digit mobile number, (i.e. 210.000.0000). Please include carrier.
- (11) HIV Date. The date of the traveler's last HIV test (YYYYMMDD).
- (12) Date of Birth. The traveler's date of birth (YYYYMMDD).
- (12a) Place of Birth: The traveler's place of birth (i.e. Boise, Idaho, or Germany, Wuerzburg, Bavaria).
- (13) Additional Travelers: Select the number of traveler's traveling with the traveler.
- (14) Passport Number: Traveler's Passport Number (i.e. 123456).
- (14a) Passport Expiration Date: The date the traveler's passport expires (YYYYMMDD).
- (14b) Place Passport Issued: The city and state where the traveler's passport was issued (i.e. Washington, D.C.).
- (15) Departure date: The date the traveler will depart from the organization (YYYYMMDD).
- (15a) Departing From: The city and state the traveler is departing from (i.e. San Antonio, TX).
- (15b) Arrival Date. The date the traveler is expected to arrive at their travel destination (YYYYMMDD).
- (15c) (15c) Arriving To: The location (final destination) the traveler will arrive to (i.e. Germany, Wurzburg, Germany).
- (16) Returning to U.S. date: The date the traveler will depart from the TDY location to return to the U.S. (YYYYMMDD).
- (16a) Departing From: The city and state the traveler is departing from (i.e. Costa Brava, Spain).
- (16b) Arrival Date. The date the traveler is expected to arrive at their final destination (YYYYMMDD).
- (16c) Arriving To: The location (final destination) the traveler has arrived to (i.e. San Antonio, TX).
- (17) Funding source: Traveler can select N/A.
- (18) Legal Review: Traveler can select N/A.
- (19) Clearance Type: Traveler will select the appropriate clearance.
- (20) Commercial email address: Traveler's commercial email address, to be used only in the event of an emergency while traveling.
- (21) AT Level 1 date: The date on the traveler's AT Level 1 certificate. Valid for one year (YYYYMMDD).
- (21a) SERE 100 date: The date on the traveler's SERE 100 certificate. Valid for three years (YYYYMMDD).
- (21b) USFK date: The date on the traveler's USFK certificate. Required ONLY for travel to Korea (YYYYMMDD).
- (21c) S.T.E.P. Enrollment date: The date the traveler's enrolled their trip in the program. Required for travel to the EUCOM AOR, highly recommended for all others (YYYYMMDD).
- (22) Any Additional training and dates: Traveler can add additional training and training dates, pertinent to OCONUS travel.
- (23) Location(s) being visited: Traveler's expected locations being visited while in their traveled to area, (i.e. Costa, Spain, will visit Barcelona, Spain as well).
- (24) Person/Agency being visited: The name and relationship of who the traveler is visiting (i.e. N/A, Jane Doe, friend, John Dough, uncle, Jim Deaux, business associate, etc.).
- (25) Lodging Information: The street address of the location the traveler will be staying while OCONUS, (i.e. Avenida Diaz Pacheco, 26, 17480 Roses, Province of Girona, Spain). If not staying commercially, include first and last name, address and phone of person you will be staying with.
- (26) Detailed Itinerary: Enter airport names or ports if traveling my ship. If traveler is going on a cruise, enter cruise and any locations the cruise ship will harbor, whether debarking or not. Include any cities you will be traveling to in country.
- (27) Justification for Visit: Enter if travel is for Vacation, TDY, TAD etc.
- (28-28a) Supervisor/Directors Name, Rank, Phone, Email: Traveler cannot be listed as their own supervisor. Supervisor must be of equal or higher rank. If supervisor is civilian please include grade.
- (29-29a) Approver (O5 OR ABOVE): Name, Rank, Phone, Email: Approval level is determined by destination FPCON. FPCON Normal & Alpha O5/GS14; Bravo, Charlie O6/15; Delta & PACOM Restricted Areas: FO/GO/SES
- (30a) AOR Location Specific Briefs: Worldwide threat levels, DOS Consular Travel Advisory, OSAC Warden Messages, DOS Country Specific Information Document, DOD Foreign Clearance Guide,
- (30b) Country Specific Brief has been viewed: SecState country specific information has been viewed, based on traveler's destination.
- <https://travel.state.gov/content/travel/en/international-travel.html>
- (31) SSN & DOD ID Number; Please include both the traveler's social security number and 10 digit DOD ID number
- (32) Additional Traveler Information; Please include traveler Name, Rank/Grade, Phone, Email and Passport number if Country requires Passport entry
- TRANSMISSION: Request will be electronically transmitted to usarmy.jbsa.medical-coe.other.g2-support@army.mil. Completing this request makes it a minimum of "FOR OFFICIAL USE ONLY" and must be protected as such.