

Mediterranean District Superintendent's Office

Checklist for Emergency Visitation Travel

Reference:

DoDDS-E Memorandum/SOP dated July 20, 2004

JTR Ch 6, Part O, Para C6675, Emergency Visitation Travel (EVT)

School Administrators: Forward completed checklist & supporting documentation to the DSO for processing.

SECTION A

Date:

Employee Name:

School:

Name of traveler:

Relationship of family member to be visited:

SECTION B

Principal - Initial below to indicate receipt of document, or verification of data: (indicate if not applicable).

_____ Employee is a US Government Employee working for DoDDS

_____ Employee has signed a Transportation Agreement

_____ If travel is for family member, is family member on Sponsor's orders?

(Check one: DoD Civilian or Civilian)

_____ Employee has submitted an SF 71 (Request for Leave)

_____ Sufficient leave days are reflected on most recent LES

SECTION C

Principal – Attach the following applicable forms:

Completed Repayment Agreement.

Statement from employee with name and address of ailing family member, attending physician or hospital, and name address and relationship of the person to be contacted in connection with the emergency

Mediterranean Request for TDY Form for the eligible traveler

Red Cross message verification statement from school administrator including message number, Red Cross representative's name and office location, time and date of message.

After travel, submit the following:

_____ Copy of SATO issued tickets (used travel orders to get commercial air transportation)

Travel before EVT is authorized, submit the following:

_____ Completed Travel Voucher, DD Form 1351-2, July 2004 (a.k.a travel claim).

_____ Copy of statement including name, address, and relationship of ailing family member, and a report from the attending physician or hospital describing the nature of the illness or injury. **This statement can be provided within 30 days after travel completion, but must be provided prior to reimbursement of travel expenses.**

SECTION D

Prepared by (School Administrator:

Sign

Date