



DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS PACIFIC/
DOMESTIC DEPENDENT ELEMENTARY & SECONDARY SCHOOLS - GUAM
DIRECTOR'S OFFICE
UNIT 35007
APO AP 96376-5007

SOP #7

November 23, 2004

FISCAL DIVISION

05-PDO-005

Procedures for Processing Requests for Emergency Visitation Travel (EVT)

REFERENCE: (a) JTR Vol 2, Chp. 6 Part O, DoD Civilian Personnel Joint Travel Regulations

A. PURPOSE AND APPLICABILITY

To establish guidance and procedures for authorization and management of Emergency Visitation Travel (EVT). This policy applies only to DoDDS-Pacific employees who are serving on Transportation Agreements, and does not apply to employees of DESS-Guam.

B. POLICY

It is DoDDS-Pacific policy that that EVT be authorized to eligible employees and/or family members to travel at Government expense to the CONUS, non-foreign OCONUS area, or other location in certain situations of family emergency, IAW the referenced JTR. EVT will be authorized for only one person per instance, either the employee, spouse of employee, or other family member. EVT is authorized in circumstances involving:

1. A serious illness or injury of an immediate family member, where death is likely;
2. Death of an immediate family member;
3. Special family circumstances, when an eligible employee:
 - a. travels to attend funeral services of a deceased person who has stood in the place of a parent; or
 - b. travels to visit a seriously ill or injured person who stands in the place of a parent; or
 - c. is the sole surviving member of the family of a seriously ill, injured, or deceased person.

Any EVT request for other than an immediate family member and current spouse thereof, or for illness or injury of an immediate family member where death is not imminent or likely, must be submitted to the Director's Office for approval prior to authorization. See Attachment 1, EVT Table of Authorization and Limitations.

C. DEFINITIONS

1. **Authorizing Official.** – The individual that authorizes the trip and controls funds for TDY travel (i.e., Division Chief or Superintendent).

2. **Eligible Employee.** – An employee who is a US citizen assigned at an OCONUS foreign area/country permanent duty station (PDS), who has a transportation agreement that provides for return travel to the employee's home of record.

3. **Eligible Family Member.** – The eligible employee's spouse, or children of the eligible employee and/or the spouse, who are part of the employee's OCONUS household.

4. **Immediate Family Member.** – The following relatives of the employee:

- a. Spouse, and parents thereof;
- b. Children, including adopted children, and spouses thereof;
- c. Parents;
- d. Brothers and sisters, and spouses thereof; and
- e. Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

5. **Serious Illness or Injury** – An injury or illness from which, based on competent medical opinion, death is imminent or likely to occur, or an illness or injury during which the absence of the employee and/or eligible family members(s) would result in great personal hardship.

D. PROCEDURES AND RESPONSIBILITIES:

Each employee will:

1. Ensure that official American Red Cross notification is provided through their supervisor to the Authorizing Official. See Attachment 2 for additional information regarding American Red Cross Emergency Services.

2. Complete, sign, and submit the Request for EVT Authorization, Attachment 3, through their supervisor to the Authorizing Official. Before signing the request, the employee must confirm the requested travel is appropriate under the terms of the reference.

3. Complete and sign a Repayment Agreement, Attachment 4, authorizing the U.S. Government to deduct pay from an employee's salary, allowance, lump-sum leave payment, or other payment in the event such travel is not approved under the provisions of the JTR, par. C6676.

4. Properly request leave during his/her absence.

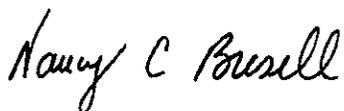
Each EVT Authorizing Official will:

1. Ensure the employee is on a transportation agreement and attach a copy of the employee's Repayment Agreement, Attachment 4, and Employee Emergency Notification Data sheet, Attachment 5, to the EVT request.

2. Review employee American Red Cross notification. Official Red Cross notification must meet the requirement for independent confirmation and is required for funded EVT to be authorized before travel.

3. Review Request for EVT Authorization. Under no circumstances will funded EVT be authorized without Red Cross notification or confirmation of qualifying circumstances from either the attending physician or funeral director, as appropriate.

4. Contact DoDDS-Pacific/DDESS-Guam Director's Office, Fiscal Division, for additional information regarding this EVT process.



Nancy C. Bresell
Director

Attachments:

1. Emergency Visitation Travel Table of Authorization and Limitations
2. American Red Cross Procedures
3. Request for Emergency Visitation Travel Authorization
4. Repayment Agreement
5. DoDDS-Pacific Employee Emergency Notification Data

Attachment # 1:

EMERGENCY VISITATION TRAVEL TABLE OF AUTHORIZATION AND LIMITATIONS

	TRAVEL BENEFIT	WHO MAY TRAVEL	PURPOSE OF EVT	AUTHORIZATION	EMPLOYEE RESPONSIBILITY	LIMITATION
1	Medical (Serious illness or injury – imminent death)	One Person (Generally employee or spouse)	To visit immediate family member who is seriously ill or injured, and near death, at place of hospitalization or critical care	Travel approval by local designated authorizing official when Red Cross notification is received and relationship and nature of illness is clear Higher level review and approval may be required in other cases	Arrange Red Cross notification to proper official. Provide any additional information or documentation within 30 days of return	One round trip for illness or injury to each immediate family member (a subsequent EVT for serious illness must be for a different family member)
2	Death (Immediate family member)	One Person (Generally employee or spouse)	To attend interment of immediate family member	Travel approval by local designated authorizing official when Red Cross notification is received and relationship and confirmation of death is clear Higher level review and approval may be required in other cases.	Arrange Red Cross notification to proper official. Provide any additional information or documentation within 30 days of return.	One round trip for interment of each immediate family member
3	Death (Employee or eligible family member dies abroad at duty station)	Employee and/or Eligible family member(s)	To attend interment of employee or eligible family member from PDS	Travel approval by local designated authorizing official (notification of circumstances of death to Director’s Office)	Request approval for travel of specific eligible members	One round trip for each eligible family member resident at post of assignment to place of interment of employee or resident eligible family member
4	Other (includes great personal hardship of parent; relationship by affinity vice familial relationship, or other special relationship)	One Person (Generally employee or spouse)	To visit immediate family member/special relationship under requested circumstances	Approval by Director’s Office only, and will generally not be approved or funded before-the-fact of travel	Submit request to Director via District Superintendent, if applicable Provide detailed explanation of circumstances of request, and any subsequently requested documentation	Approval is case-by-case, with no assurance of funding or approval before-the-fact

Note: Use Program Code P7260 in Fund Citation for Emergency Visitation Travel Orders

Attachment #2:

AMERICAN RED CROSS PROCEDURES

Authorization of Emergency Visitation Travel under the provisions of JTR, Vol II, 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

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

REQUEST FOR EMERGENCY VISITATION TRAVEL AUTHORIZATION

1. I, _____, SSN: _____
as a DoDDS employee under current Transportation Agreement, request authorization for
Emergency Visitation Travel (EVT) under the terms of Joint Travel Regulations (JTR), Volume 2,
Section 6, Part O, to travel to:

- a. Location: _____
- b. To attend to (name of family member): _____
- c. Relationship of family member: _____

2. Red Cross notification (RCN) has / has not (circle one) been received:
RCN# _____, from ARC representative _____

3. I have read the conditions for eligibility in the JTR and certify that I am eligible under the
following circumstance (please check one):

- a. Serious illness or injury of an immediate family member (go to #4)
- b. Death of an immediate family member (go to #5)
- c. Special family circumstance (check one)
 - 1. in loco parentis
 - 2. sole surviving family member
- d. Death of sponsor or authorized dependent at PDS

4. In the event of serious and life-threatening illness or injury:

- a. Name and phone number of attending physician: _____
- b. Name and address of hospital: _____

5. In the event of death of immediate family member:

- Name and phone number of funeral director: _____
- Name and address of funeral home: _____

6. EVT requirement is (please check one):

- CONUS or non-foreign OCONUS
- Other foreign (if so, please initial section for excess cost agreement)

7. If EVT is other foreign (above), I agree by my signature below, that I will repay any cost in
excess of constructive cost to home of record. (initial if applicable ___)

8. I attest to the truth of all information provided under penalty of dismissal, and do hereby request
EVT, and do agree to provide all requested documentation regarding nature of illness or
relationship of individual within thirty days of the request subject to collection action if such
information is not provided timely. If this form is used to request repayment after-the-fact, all
required documentation must accompany this request:

Signed: _____

Date: _____

Printed Name _____

NOTE: EVT is very susceptible to potential abuse. Any employee knowingly misrepresenting
familial relationships or the seriousness of illness or injury for the purpose of receiving EVT, or
utilizing the travel authorization for other than the intended purpose, or to other than to the
authorized destination, will be required to immediately repay all costs and will face other punitive
measures including possible termination of employment.

Attachment # 4

REPAYMENT AGREEMENT

"I, _____, certify that I have read and understand
(Name)

the regulations applicable to emergency visitation travel(JTR,par.C6676), and I

hereby agree to repay _____
(Name of employing DoD component)

for expenditures made in connection with my emergency visitation travel (or
emergency visitation travel of my eligible dependent),

(Name of dependent) (Relationship)

in the event such travel is not approved or is subsequently determined to be invalid under
the provisions stated in JTR,par.C6676.

In the event of my failure to make such repayment when required, I hereby authorize
the deduction of such repayment from my current salary, allowances, lump-sum leave
payment, or other payment which may be or become due me from the U.S. Government."

(Signature) (Date) (Typed Name)

After execution of the above repayment agreement, the DoD component may procure
transportation through official channels.

DODDS-PACIFIC

Employee Emergency Notification Data

SECTION A: EMPLOYEE INFORMATION			
Employee Name (Last-First-Middle Initial)	Location (School/Office)	Duty Phone Number	Home Phone Number
Local Address		FPO/APO Address	
SECTION B: EMERGENCY CONTACT INFORMATION			
<i>STATESIDE EMERGENCY CONTACT (Please use back of page for additional writing space)</i>			
Name	Relationship	Address	Phone/E-mail
<i>LOCAL EMERGENCY CONTACT (Please use back of page for additional writing space)</i>			
Name	Relationship	Local Address (Not APO)	Phone/E-mail
SECTION C: ACCOMPANIED DEPENDENT(S) INFORMATION			
Name	Relationship	Age	Address (only if different from sponsor)
SECTION D: EMERGENCY VISITATION TRAVEL (EVT) INFORMATION			
EVT is intended to assist employees with emergency travel requirements during specific circumstances of death or life-threatening illness or injury of an immediate family member in accordance with the Joint Travel Regulations, Volume II, Chapter 6, Part O. EVT provides for funded travel for either the employee or one family member to the required destination. Employees must provide American Red Cross verification of the emergency and complete a Request for Emergency Visitation Travel Authorization, as prescribed by DoDDS-Pacific/DDESS-Guam Operating Procedure 04-PDO-XXX. To facilitate a request for EVT travel orders, employees should provide the names and relationships of immediate family members. Immediate family members include the spouse (and parents thereof), children (including adopted children and spouses thereof), parents, brothers and sisters (and spouses thereof), and/or any individual related by blood or affinity whose close relationship with the employee is the equivalent of a family relationship (e.g., en loco parentis).			
Name	Location (City & State)	Relationship	

PRIVACY ACT STATEMENT

1. Principal Purpose: To obtain personal information on each employee in order to contact relatives in case of emergency.
2. Voluntary disclosure and effect on the individual not providing information.
 - Voluntary: Non-disclosure would make it difficult for the agency or an individual to contact personnel in time of an emergency. Non-disclosure would require additional time to obtain information from the individual or from other sources and delay completion of various actions.

PLEASE CHECK ONE:

- I give consent to release the information contained on this form to third parties.
- I DO NOT give consent to release the information contained on this form to third parties.

Employee Signature

Date

ORIGINAL: SUPERVISOR

COPY: PERSONNEL

COPY: OFFICE OF THE DIRECTOR, DODDS PACIFIC