**DEPARTMENT OF THE AIR FORCE**

**(Use Appropriate Letterhead)**

MEMORANDUM FOR [Service Member] FROM: [Delegated Approval Authority]

SUBJECT: Approval of Travel for Non-Global Force Management Activities

References: **(a)** Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 14) – “Department of Defense Guidance for Personnel Traveling During the Coronavirus Disease 2019 Pandemic,” 29 December 2020

 **(b)** Secretary of Defense Memorandum, “Transition to Conditions-based Phased Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions” 22 May 2020

**(c)** Secretary of the Air Force, “Travel Restriction Delegations of Authority,” 26 October 2020

1. You are approved for travel as an ***exception*** to the DoD travel restrictions in accordance with references a – c above.
	* Name of Service Member:
	* Current Duty Assignment or Departure Location:
	* Gaining Duty Assignment or Destination:
	* Projected Departure Date:
2. Your dependents listed below are approved for travel as an exception to the DoD travel restrictions in accordance with the references a – c above.
	* Name of Dependents **or enter N/A:**
	* Current Departure Location:
	* Destination:
	* Projected Departure Date:
3. This exception meets the following condition, check all that apply: ( ) Mission Essential

( ) Humanitarian Reasons

( ) Hardship Reasons

1. The following travel situation applies: ( ) Service Member traveling alone

( ) Service Member traveling concurrently with dependents ( ) Dependents traveling without the service member

1. Your gaining unit Commander or First Sergeant coordinated and concurs with the approval of your official travel plans and your servicing MPF will receive a copy of this official travel waiver.
2. You and your dependents (if applicable) are advised to adhere to the Force Health Protection guidelines in *reference “a”* above or later guidance, if any. Take all necessary precautions including following appropriate social distancing procedures, avoiding travel through high-risk areas, and be aware a 14-day self-quarantine period might be required at the completion of travel.
3. My Point of Contact for this issue is (Name, email and phone number)

*(Digital or “wet ink” signature required)*

SIGNATURE BLOCK

[Approval Authority, no lower than the first O-6 or civilian equivalent in traveler’s chain of command or supervision]

**1st Ind.**

I have been counseled on the possible risks based on requirement to perform mission essential travel. I will take all necessary precautions to ensure the safety of myself and my dependents (if applicable).

GRADE AND NAME OF SERVICE MEMBER