Print Form

ORIGINAL

TRAVEL AUTHORIZATIONS FOR PARTICIPANTS IN UNFUNDED ENVIRONMENTAL AND MORALE LEAVE

(Ref: USPACOMINST 0201.2)

Read Privacy Act statement and restrictions on reverse prior to completing this form

ROUTING INFORMATION

1. To:	2. From:
Col John A. Doe	MSgt John Q. Public

TRAVELER'S INFORMATION

3. Name of Sponsor *(Last, First MI)*	4. Grade	5. SSN	6. Unit / Organization
Public, John Q.	E-7	123-45-6789	37 BSS

7. Name *(Last, First MI)*	8. Passport # / SSN	9. Grade / Status	10. DOB *(Minor Dependents)*
Public, John Q.	123-45-6789	MSgt/USAF	
Public, Jane R.	987654321	DEP/Spouse	
Public, Jack S.	987654322	DEP/Son	1 Dec 2001
Public, Jill T.	987654323	DEP/Daughter	2 Sep 2004

DATES

11. Effective Sign-up Date:	12. Expiration Date *(Max 90 days)*:
4 Jul 2011	30 Sep 2011

ITINERARY

13. From *(point of origin)*	14. To *(May be multiple destinations, but first reached is the final destination)*	15. Return *(point of origin)*
OSAN AB, ROK	SEATTLE, WA	OSAN AB, ROK

SPONSOR CERTIFICATION

I have read and understand USPACOMINST 0201.2 and the restrictions printed on the reverse of this form. I certify the information provided on this form is true and accurate to the best of my knowledge.

16. Signature of Sponsor	17. Date
John Q Public	4 Jul 2011

THIS SECTION FOR AUTHORIZING OFFICIAL ONLY

18. REMARKS *(List Transiting Enroute AMC Terminals)*

1st Trip	2nd Trip

19. Typed Name, Grade, Title of Unit Commander or Designated Approving Official	20. Signature
John A. Doe, Col, 37 BSS/CC	John A Doe

USPACOM FORM 505/3 EF (02-10) Previous editions are obsolete.

ORIGINAL

Section 1. ROUTING INFORMATION

1. To. Name and rank of Unit Commander/Designated Approving Official.
2. From. Name and Rank of service member (SM)/sponsor.

Section 2. TRAVELER'S INFORMATION

3. Name of Sponsor. Last name, first name and middle initial of SM/sponsor.
4. Grade. Grade of SM/sponsor.
5. SSN. Social Security Number (SSN) of SM/sponsor.
6. Unit/Organization. Unit/organization of SM/sponsor
7. Sponsor's List all travelers intending to perform EML travel on this authorization. Attach additional sheet if required.
8. List passport and social security number (SSN) for each traveler. If the traveler has not been assigned both a passport number and SSN, either is sufficient.
9. For sponsors: Enter grade and Service; e.g., CAPT/USN or GS-11/DNC (Dept. of Navy Civilian). For Dependents: Enter dependency status; e.g., DEP/WIFE.
10. Enter date of birth of dependent children who are traveling on the authorization.

Section 3.

11. Effective Sign-Up Date. Date travelers plan to sign up for EML travel. Sign-up may not occur prior to effective sign-up date.
12. Expiration Date. All EML authorizations are valid for 90 days from effective sign-up date. Sponsor or unit commander or designated approving official must forward requests for extension to USPACOM through respective USPACOM representative/ subunified commander for approval.

Section 4. Itinerary. Use point of origin, destinations, and in transit stations listed in enclosures (1) and (2) of this instruction.

13. From. Indicate country from which travel commences.
14. To. Unfunded EML destination. First destination not designated intermediate reached is the final for unfunded EML purposes.
15. Return. Same as point of origin.

Note: EML authorizations only authorize travel to the single destination cited. Without regard to which transiting en route terminals are listed in Section 7, the EML traveler may stay only at the destination site listed in Section 4 Block 14.

Section 5. Sponsor Certification.

16. The sponsor will read and sign. However, in cases when the sponsor is deployed or for any reason unable to sign, the sponsor's unit commander/designating approving official can sign this block.
17. Date. Date signed by sponsor or for cases cited in paragraph 5 above, unit commander/designated approving official.

Date must be the same as or earlier than effective date in Section 2.

Section 6. This Section For Authorizing Official Only.

18. Remarks. Comment as required. Complete as indicated.
19. Typed Name, Grade, Title of Unit Commander or Designated Approving Authority. (O-3 or above - ALL members, Unit First Sergeant - enlisted only)
20. Signature. Signature of unit commander or designated approving official.

Per USPACOM INSTRUCTION 0201.2: ENVIRONMENTAL AND MORALE LEAVE (EML) PROGRAM