



COVID-19 WAIVER/EXCEPTION TO POLICY REQUEST FORM

References: a) Stop Movement and Concurrent Guidance Related to Travel Restrictions: https://mypers.af.mil/app/answers/detail/a_id/46605
b) Travel Decision Matrix: https://mypers.af.mil/app/answers/detail/a_id/47797
c) DoD Installation Gating Criteria Results: https://mypers.af.mil/app/answers/detail/a_id/47788

Section I: PRIMARY TRAVELER INFORMATION

Last Name	MI	First Name	Pay Grade (or Dependent)
# Dependents (traveling)	Departure Date	Travel End Date	Personal Email (reachable throughout travel)
Travel Itinerary (include intermediate stops)		Work Email (Sponsor)	
		Cell Phone	Work Phone (Sponsor)
<u>Waiver Category</u>	<u>Justification</u>	Background & Justification for Waiver	
Stop-Movement	Mission Essential		
Space-A	Humanitarian		
	Extreme Hardship		
<u>Travel Reason</u>			
PCS			
TDY			
Leave/Non-Official			

Section II: OWNING/LOSING UNIT INFORMATION

Unit/Section	Unit Contact Number	Unit E-mail	Unit Commander
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Section III: GAINING UNIT OR DESTINATION INFORMATION

Unit/Destination Name	Location (Installation or Address)	Unit Commander/POC
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Unit CC/POC Contact Number	Unit CC/POC Contact E-mail
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General Plan for Reception at Destination & Restriction of Movement (ROM) [as applicable]

Section IV: WG/CC RECOMMENDATION

I recommend approval of this waiver. I certify that traveling individual(s) understand their responsibilities IAW applicable COVID-19 force health protection guidance to include ROM, USINDOPACOM travel requirements, and that required coordination with the gaining unit has occurred (as applicable).



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Section V: ADDITIONAL INFORMATION