

<b>REQUEST AND AUTHORIZATION FOR EMERGENCY LEAVE TRAVEL</b>	1. DATE OF REQUEST
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*PRIVACY ACT STATEMENT*

AUTHORITY: 10 U.S.C. 8013.  
 PRINCIPAL PURPOSES: To authorize emergency leave travel for military members and their dependents.  
 ROUTINE USES: Information collected may be disclosed to the American Red Cross for information concerning the needs of the member or dependents and relatives during emergency situations.  
 DISCLOSURE: Disclosure of SSN is voluntary. However, this IMT will not be processed without member's SSN.

**I. REQUEST FOR OFFICIAL TRAVEL AND LEAVE**

2. NAME (Last, First, Middle Initial)		3. SSN	4. PAY GRADE	5. ORGN, STATION, AND PHONE NO.	
6. LEAVE IN CARE OF(Street, city, state, zip code and phone no.)		7. AFSC	8. DEROS	9. ETS/DOS	
10. NO. DAYS LEAVE				11. DATES	
A. REQUESTED	B. ACCRUED	C. ADVANCED	D. EXCESS	A. FROM	B. TO

**II. TRANSPORTATION AND TRAVEL**

12. YOU ARE AUTHORIZED TO PROCEED ON OFFICIAL TRAVEL IN CONNECTION WITH EMERGENCY LEAVE AND UPON COMPLETION OF YOUR LEAVE AND TRAVEL WILL RETURN TO HOME STATION(or location designated by additional military orders). YOU ARE DIRECTED TO REPORT TO APOE FOR ONWARD MOVEMENT TO THE AERIAL PORT OR INTERNATIONAL AIRPORT DESIGNATED IN YOUR MTA, DD FORM 1487(port call). ALL ADDITIONAL TRAVEL IS CHARGEABLE TO LEAVE.

13. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION

14. SIGNATURE OF REQUESTER	15. APPROVING OFFICIAL(Title and Signature)
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**III. EFFECTIVE DATES OF TRANSPORTATION**

16. DEPARTED UNIT	17. ARRIVED APOD	18. ARRIVED APOE (Return trip)	19. ARRIVED HOME UNIT
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**IV. DEPENDENT TRAVEL AUTHORIZATION**

20.  (Space available or space required cash reimbursable).  
 (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN REMARKS. ENTER NAME, RELATIONSHIP AND PASSPORT NO.

21. REMARKS (File a no pay travel voucher along with a copy of your MTA or boarding pass within 5 workdays after your return. Submit request for leave extension to your commander thru the American Red Cross. Contact nearest AFB if you need to apply for reassignment or discharge.)

**V. AUTHORIZATION**

22. DESIGNATION AND LOCATION OF HEADQUARTERS <b>DEPARTMENT OF THE AIR FORCE</b>	23. ACCOUNTING CITATION  TDN:
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24. DATE ISSUED	25. ORDER AUTHORIZING OFFICIAL(Title and signature) OR AUTHENTICATION
26. TRAVEL ORDER NUMBER	

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).