SENSITIVE BUT UNCLASSIFIED/FOR OFFICAL USE ONLY

(U) ANNEX A TO INDIVIDUAL/SMALL GROUP AT/FP TRAVEL PLAN FOR AIR FORCE PERSONNEL TRAVEL WORKSHEET

SECTION I.	DEPLOY	MENT :	LOCAT	IONS							
Complete the below infor (https://afkm.wpafb.af.m											
blocks as indicated.	11/Community/vie	ws/nome.aspx:	<u>Filter=27310</u>).	TOI CLASSIT	ED locations, t	inter 51	CKE1 in the Cou	initiy and City	y DIOCK	and complete	the other
Location #1.		Cellular Telephone Contact Number:									
Country		Ci	ty			Start Date			End Date		
FPCON	Terrorism Thre	at Level	Crimin	al Threat Level		Politic	al Threat Level		Force	Health Threat	Level
Location #2.											
			tx		ular Te	Telephone Contact Number: Start Date			End Date		
Country		Ci	ty				Start Date		1	End Date	
FPCON	Terrorism Thre	eat Level	Crimin	al Threat Level		Politic	al Threat Level		Force	Health Threat	Level
Location #3.					Call	ulor To	elephone Contac	t Number			
Country		Ci	tv		CCII	uiai i C	Start Date	t Ivuilloci.		End Date	
,			-3								
FPCON	Terrorism Thre	at Level	Crimin	al Threat Level		Politic	al Threat Level		Force Health Threat Level		
Location #4.					Cell	ular Te	elephone Contac	t Number:	:		
Country		Ci	City			Start Date		End Date			
FPCON	PCON Terrorism Threat Level		Criminal Threat Level			Political Threat Level		Force Health Threat Level			
Location #5.					Cell	ular Te	lephone Contac	t Number:			
Country			City			Start Date]	End Date		
FPCON Terrorism Threat Level		-4 T1	Criminal Threat Level			Political Threat Level		1	Force Health Threat Level		
		at Level				Pontical Infeat Level			Force Health Threat Level		
~~~~~											
SECTION II.											
Complete the below information identified with an asterish											
will be verified via JOPE					_						
Name (Rank First MI Last) Home		Home Un	it DSN	ULN	Name (Ra	ank First MI Last)		Home Unit		DSN	ULN

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				NFORMATION  1 arise. Ensure the Routine Poir	at of Contact is an	yara of the denloy	ement and can answer			
question(s) about the indiv	vidual/small group	s mission and/or	activities. Non-Duty Hou	r/Emergency Point of Contact n						
which can be reached for i	Routine Poin		stallation Command Post of	or Air Operations Center.  Non-Duty Hour/Emergency Point of Contact						
Name (Rank First MI Last)		DSN	Comm	Organization or Office Name		DSN	Comm			
E-mail Address				E-mail Address						
E-mail Address				E-mail Address						
CE CELONIAL.	GAEE I		O C A TYONG							
haven locations should be	predetermined locused. The inform	cation/facility that nation indicated be	affords a degree of securi- elow will be utilized by Pe	ty from harm or risk from hostilersonnel Recovery personnel and	other organization	ons should the nee	d arise. List a Primary			
and alternate sale naven ic	Prim		cated in Section 1. Suitable	le safe haven locations are hotels, host nation military installations, US Embassies, etc.  Alternate						
City (Reference Section 1)	Locati		Phone Number	City (Reference Section 1)	Locat	1	Phone Number			
CECTIONIA	DEVIEW		IIDDENICE A	AID A DDD OXAA I	a					
				ND APPROVAL						
	d Officer '			Two-Person Travel Policy Waiver						
In accordance with Small Group Travel, must be approved be general officer or civactual movement into	travel to a cou y a general or vilian equivale	untry in FPCC officer or civi nt must be aw	N Charlie or higher lian equivalent. A are and approve the	In accordance with USAFRICOM ACI 3200.11, <i>Individual and Small Group Travel</i> , no single Department of Defense individual will be permitted to travel (official and unofficial) within the USAFRICOM AOR without at least one other U.S. Government employee. This requirement can only be waived by an O-6 or higher for FPCON Bravo and lower countries and O-7 or higher for FPCON Charlie and higher countries. <i>While on leave family members or friends can satisfy this requirement</i> .						
Leave blank if tra	veling to FP	CON Bravo o	or lower country.	Leave blank ij	f Two-Persor	n Travel Poli	cy is met.			
Printed Name		Grade/Rank	Unit	Printed Name		rade/Rank	Unit			
Signature			Date	Signature			Date			
8				Authority						
AOR requires the ap FPCON Charlie or h within the USAFRIC	oppropriate level igher must be COM AOR FPO approve this I	el of command approved by CON Bravo ar Individual/Sma	Individual and Small d acknowledge and a a General Officer (G ad lower, approval mu all Group AT/FP Tra	Group Travel, travel (of ccept the identified risk O) or Senior Executive Sast come from an O-6 or Covel Plan. I am confident	associated wi Service (SES). GS-15.	th travel. Trav For all other	vel to a country in travel to countries			
Printed Name		Grade/Rank	Unit	Signature						
				1						

Digital Signatures will only be accepted if signed in accordance with AFI 33-321, Authentication of Air Force Records, para. 2.1.2.