

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

SECTION I. DEPLOYMENT LOCATIONS

Complete the below information for all destination locations. Threat Levels can be found on AFAFRICA Antiterrorism/Force Protection Community of Practice site ([HERE](#)). For CLASSIFIED locations, enter "SECRET" in the Country and City block and complete the other blocks as indicated.

Location #1.		Cellular Telephone Contact Number:			
Country	City	Start Date	End Date		
FPCON	Terrorism Threat Level	Criminal Threat Level	Political Threat Level	Force Health Threat Level	
Location #2.		Cellular Telephone Contact Number:			
Country	City	Start Date	End Date		
FPCON	Terrorism Threat Level	Criminal Threat Level	Political Threat Level	Force Health Threat Level	
Location #3.		Cellular Telephone Contact Number:			
Country	City	Start Date	End Date		
FPCON	Terrorism Threat Level	Criminal Threat Level	Political Threat Level	Force Health Threat Level	
Location #4.		Cellular Telephone Contact Number:			
Country	City	Start Date	End Date		
FPCON	Terrorism Threat Level	Criminal Threat Level	Political Threat Level	Force Health Threat Level	
Location #5.		Cellular Telephone Contact Number:			
Country	City	Start Date	End Date		
FPCON	Terrorism Threat Level	Criminal Threat Level	Political Threat Level	Force Health Threat Level	

SECTION II. TRAVELING PERSONNEL

Complete the below information for all accompanying team/family members with the same travel dates. Do not include members with different travel dates. The team leader should be identified with an asterisk (*). ULN is only required if team is part of an official deployment tasking, and is N/A for all other travel/Leave.

Name (Rank First MI Last)	Home Unit	DSN	ULN	Name (Rank First MI Last)	Home Unit	DSN	ULN

SECTION III. HOME STATION CONTACT INFORMATION

The following information will be used to notify home station personnel should the need arise. Ensure the Routine Point of Contact is aware of the deployment and can answer question(s) about the individual/small group's mission and/or activities. Non-Duty Hour/Emergency Point of Contact must be a continuously manned control center or office which can be reached for notification purposes, such as an Installation Command Post or Air Operations Center.

Routine Point of Contact			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		

SECTION IV. SAFE HAVEN LOCATIONS

A safe haven location is a predetermined location/facility that affords a degree of security from harm or risk from hostile agents. In the event of an emergency or unrest safe haven locations should be used. The information indicated below will be utilized by Personnel Recovery personnel and other organizations should the need arise. List a Primary and alternate safe haven location for each location (City) indicated in Section 1. Suitable safe haven locations are hotels, host nation military installations, US Embassies, etc.

Primary			Alternate		
City <small>(Reference Section 1)</small>	Location	Phone Number	City <small>(Reference Section 1)</small>	Location	Phone Number

SECTION V. REVIEW, CONCURRENCE, AND APPROVALS

Two-Person Travel Policy Waiver

In accordance with USAFRICOM ACI 3200.11, *Individual and Small Group Travel*, no single Department of Defense individual will be permitted to travel (official or unofficial) within the USAFRICOM AOR without at least one other U.S. Government (USG) employee. Individual DOD travelers may join up with other USG personnel already forward to meet this rule as long as the other person knows they are filling the role of the second person and understand the measures to take in an emergency, e.g., if the traveler becomes isolated. Personnel on leave must also meet the two-person rule. Family members or friends can satisfy the requirement in a similar fashion to the official traveler meeting someone in country. In both instances, the traveler's *Individual/Small Group AT/FP Travel Plan, ANNEX A* should indicate who is fulfilling this second person role and that the party filling the role will be instructed on what to do in emergency situations IAW, *Individual/Small Group AT/FP Travel Plan, ANNEX D, Emergency Action Checklists*. In the event of a waiver situation, the relevant *Individual/Small Group AT/FP Travel Plan, ANNEX A* should include mitigations to compensate for travel alone which the approver can weigh prior to granting the waiver. 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. ***Per direction above, if the following two questions can be answered, the Two-Person Travel Policy is met. If not, complete the Waiver Approval Authority section below.***

1. Name of Person Fullfilling Second Person Role _____ 2. Have they been instructed on emergency procedures? _____

Waiver Approval Authority

Describe mitigation plan to compensate for traveling alone:

 Printed Name Grade/Rank Unit Signature Date

Travel Plan Approval Authority

In accordance with USAFRICOM ACI 3200.11, *Individual and Small Group Travel*, explicit review and approval of travel (official and unofficial within the USAFRICOM AOR) will be provided by the sending chain of command familiar with the traveler preparations to include the Force Protection Plan specific to the destination. The approval level is determined by the Force Protection Condition (FPCON) of the destination - FPCON CHARLIE or DELTA requires O-7 level or civilian equivalent (SES) approval, FPCON BRAVO or ALPHA requires O-6 level or civilian equivalent (GS-15) approval.

I have reviewed and approve this *Individual/Small Group AT/FP Travel Plan, ANNEX A*. I am confident all members are aware of the threats and their individual Antiterrorism/Force Protection responsibilities.

 Printed Name Grade/Rank Unit Signature Date

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