

**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:
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**TRAVELER'S INFORMATION**

3. Name of Sponsor ( <i>Last, First MI</i> )	4. Grade	5. SSN	6. Unit / Organization
7. Name ( <i>Last, First MI</i> )	8. Passport # / SSN	9. Grade / Status	10. DOB ( <i>Minor Dependents</i> )

**DATES**

11. Effective Sign-up Date:	12. Expiration Date ( <i>Max 90 days</i> ):
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**ITINERARY**

13. From ( <i>point of origin</i> )	14. To ( <i>May be multiple destinations, but first reached is the final destination</i> )	15. Return ( <i>point of origin</i> )
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**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
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**THIS SECTION FOR AUTHORIZING OFFICIAL ONLY**

18. REMARKS (*Comments if needed.*)

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19. Typed Name, Grade, Title of Unit Commander or Designated Approving Official	20. Signature
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PRIVACY ACT STATEMENT

Authority: 10 U.S. Code 124; Executive Order 9397, 22 Nov 1943. Social Security Number (SSN).

Principal Purpose: Used to authorize travel in Space Available status on DOD aircraft by Environmental and Morale Leave (EML) by eligible members and authorized dependents.

Routine Use: Used by appropriate authority to evaluate an applicant's and/or applicant's authorized dependent(s) eligibility to be issued travel authorization under the EML program. Use of SSN is necessary to make positive identification of individual records. This information becomes the record copy of orders after approval/authentication and enables members/authorized dependent(s) in designated areas to procure transportation from and to aerial port of embarkation.

Disclosure: Voluntary. However, failure to complete this form precludes publication of EML orders.

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RESTRICTIONS

- Travel is space available only.
- Travel is authorized from or return to EML designated site by authorized uniform Service members and authorized dependents. It is not for dependent travel for visiting uniformed Service member's EML duty station.
- Travel must comply with directives pertaining to passports, visas, foreign customs, country clearances, and immunizations.
- Travel within CONUS under this program is prohibited.
- Traveler must have sufficient personal funds to defray the cost of return trip to point of origin if space available transportation is not available.
- Members must conform to appropriate service uniform directives when traveling aboard DOD-owned or controlled aircraft, except as stipulated in the Foreign Clearance Guide. Failure to conform with uniform directives may result in the loss of travel privileges.
- Maximum authorized baggage is 2 pieces not to exceed 70 pounds each.
- Failure to register for follow-on routing within 6 hours at transit terminal may result in the loss of follow-on priority and/or sign-up order.
- Travel must be completed by the date indicated in Section 3.
- Violation of DOD 4515.13-R, may result in the individual being held accountable for charges based on AMC tariff rate.

TRAVEL INFORMATION

DATE/TIME DEPART PERM DUTY STATION	DATE/TIME ARRIVE DESTINATION	DATE/TIME DEPART DESTINATION	DATE/TIME ARRIVE PERM DUTY STATION	LEAVE LOCATION

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INSTRUCTIONS FOR COMPLETING  
USPACOM FORM 505/3, UNFUNDED EML TRAVEL AUTHORIZATION

Section 1. ROUTING INFORMATION

1. To. Name and rank of Unit Commander/Designated Approving Official.
2. From. Name and Rank of Servicemember/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. DATES

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.

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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 16 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.

19. Typed Name, Grade, Title of Unit Commander or Designated Approving Authority.

20. Signature. Signature of unit commander or designated approving official.

NOTE: The USPACOM Form 505/3 provides unfunded EML authorization when sponsor and dependents are traveling together. If dependent(s) and sponsor's name do not appear on the same EML travel authorization order, dependents will be processed as if unaccompanied and receive less priority in space available than the sponsor. If two separate EML orders are presented, attach the orders together. The sponsor and

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dependent(s) must sign up at the same time. Passenger service personnel will combine two original copies of the order and upgrade dependent status to category II (CAT II). If the sponsor must return to the duty station earlier than the dependent(s), sponsor must present copy of the EML order for return travel. The original copy is used by the dependent(s) for return travel in CAT IV.

RESTRICTIONS. A listing of restrictions regarding EML travel is provided for the traveler's information on the reverse of the form.

REPRODUCTION OF USPACOM Form 505/3 (07-10) is authorized by direct copy or computer generation. Computer generated forms must be verbatim, in the same format, and identified with the proper title and document number.