

# FUNDED ENVIRONMENTAL MORALE LEAVE WORKSHEET

- **ELIGIBILITY:** Service member or civilian employee stationed at authorized FEML PDS for 24 consecutive months & **been on station for at least 6 months** and Command Sponsored dependents residing with service member/civilian employee serving an accompanied tour to include student dependents attending school away from Okinawa.
- Provide CSS a copy of completed FEML worksheet
- No more than 1 FEML trip per 24 month tour, or 2 FEML trip per 36 months (Refer to JTR 04041, Table 4-11)

Tour Length

Date Arrived Station:

Received By

NOTE: Please Write Legibly – Airlines will deny boarding if name(s) are misspelled.

INITIAL REQUEST

ONEWAY

ROUNDRIP

COVID Vaccinated

Dependents: No-Fee

Active Duty Military

Civilian Employee

Dependent

Yes

No

Official Passports?

YES

NO

1st FEML Trip

2nd FEML Trip

Traveler Name:

Grade:

(Last, First, Full Middle Name)

Passport (Civilian)  
or DoDID (Military):

Birth Date:

(DD/MMM/YYYY)

Unit:

Office Email:

Duty Phone:

Gender:

Home Phone:  
(Japanese)

Finance: Last Trip Taken \_\_\_\_\_

Finance Signature: \_\_\_\_\_

For Additional Traveler(s) Please continue to the next page

Departing Location: \_\_\_\_\_

Requested departure date:

(DD/MMM/YYYY)

Requested return date (on Okinawa):

(DD/MMM/YYYY)

Travel Location: \_\_\_\_\_

GTC #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Passport #: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Seat Preference:

Window

Aisle

Emergency POC: Name:  
(not a traveler)

Phone

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Add tional Remarks:

**ADDITIONAL TRAVELER(S)**

**Traveler Name:** \_\_\_\_\_

(Last, First, Full Middle Name)

**DOB:** \_\_\_\_\_

(DD/MMM/YYYY)

**Passport #:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**COVID Vaccinated**

Yes  No

**Traveler Name:** \_\_\_\_\_

(Last, First, Full Middle Name)

**DOB:** \_\_\_\_\_

(DD/MMM/YYYY)

**Passport #:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**COVID Vaccinated**

Yes  No

**Traveler Name:** \_\_\_\_\_

(Last, First, Full Middle Name)

**DOB:** \_\_\_\_\_

(DD/MMM/YYYY)

**Passport #:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**COVID Vaccinated**

Yes  No

**Flight Information**

**Departure**

**Return**

**Travel Window:** \_\_\_\_\_

**Travel Window:** \_\_\_\_\_

**AMC Rotator Available?** Y/N

**AMC Rotator Available?** Y/N

**Dates Available:** \_\_\_\_\_

**Dates Available:** \_\_\_\_\_

**Booked?** Y/N **Date:** \_\_\_\_\_

**Booked?** Y/N **Date:** \_\_\_\_\_

**Will traveler(s) be required to self-procure transoceanic travel?** Y/N **TR Cost:** \$ \_\_\_\_\_

**Will traveler(s) be required to use a foreign flag carrier?** Y/N \_\_\_\_\_

**TMO Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mandatory Travel Documents**

**No-Fee Official Passport Copies**

**Command Sponsorship Letter (if applicable)**

**COVID Vaccine Confirmed**

**PCS Orders/Civilian LOA to Kadena**

**Unit:**

**Commander:**

**Signature:**

**Unit Rep:**

**Date:**