

MEMORANDUM THRU

District Superintendent, DOD Dependents Schools, Korea, APO AP 96205-0005
Commander, 121st Evacuation Hospital, ATTN: Chief, EFMP Clinic, APO AP 96205-0080

FOR

SUBJECT: Request for Authorization of an Accompanied Tour for an Employee Selected for a Position in a Normally Unaccompanied Tour Area.

1. References:

a. _____
Position Title, Series, and Grade

b. _____
Duty Location

2. Under the provisions of USFK Reg 690-4, I request that the position and duty location for which I've been selected be approved as a 24-month accompanied tour.

3. I have been fully advised and am aware of the living conditions at the duty location. Further, I understand that should my family reside within the area of the duty location, from the duty location, the nearest Department of Defense Dependent School is approximately _____ miles, the nearest commissary is approximately _____ miles, the nearest post exchange is approximately _____ miles, the nearest U.S. medical facility is approximately _____ miles.

4. If my family and I reside in _____ and commute to my duty location which is approximately _____ miles away, we are only entitled to receive the living quarters allowance (and foreign post differentials, if applicable) for the duty location, which as of this date is \$ _____, rather than the living quarters allowance for the area in which we plan to reside, which as of this date is \$ _____. I am aware that the living quarters allowance received under these conditions may be insufficient to cover actual living expenses.

5. Additionally, in accordance with USFK Reg 690-4, the following information is provided:

a. Name, relationship, and age of family member(s).

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
(1)			
(2)			
(3)			
(4)			

b. Specific educational and medical needs of family members.

Documentation required: (1) A written statement from a physician describing family members' general state of health and addressing their requirement or lack of requirement for continuing or specialized medical care in a location where US-standard Medical care is not readily available, and (2) A statement whether any family member has received specialized educational services in the last five years, or whether any competent authority such as psychologist, teacher, or school administrator has ever recommended specialized educational services for any family member, and a description of the services/need.

c. Location where residence would be established.

EAGA-CP-S&ES

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d. Previous residence or firsthand knowledge of the living conditions in the commuting area of the duty station. If yes, describe. Yes No

6. Information provided in this letter and enclosures is an accurate description of my understanding of circumstances of the duty station, and of my family members' situation in regards to needs for medical and educational services.

Encl

(SIGNATURE BLOCK)

PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 5 USC Section 301 and Title 10 USC Section 3013.
2. **PRINCIPAL PURPOSES:** Information you provide will be used to determine if special medical and educational needs of your family can be met in the geographic area of your assignment, which is normally an unaccompanied tour area.
3. **ROUTINE USES:** The information you provide may be reviewed by officials of Department of Defense Dependents Schools (DODDS), and by personnel and medical officials of the U.S. Army for the purpose of evaluating your request.
4. **DISCLOSURE:** Your disclosure of information is voluntary. Failure to provide requested information