



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6023

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 08-021

16 JUN 2008

MCRM

Expires 16 June 2010

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands

SUBJECT: Premium-Class Travel Policy

1. References.

a. Joint Federal Travel Regulations (JFTR), Appendix H, and Joint Travel Regulations (JTR), U2000, U3125, C2000, C2202, and Appendix H.

b. Memorandum, Acting Secretary of the Army, 19 May 04subject: Revision to Premium-Class Policy and Procedures.

c. Memorandum for Secretaries at the Military Department Directors, Joint Staff Executive Secretary, Department of Defense, 7 Sep 07, subject: Update to Premium-Class Travel Reporting Requirements.

2. Purpose. To establish policy and procedures for approval of Premium-Class Travel.

3. Proponent. The proponent of this policy is the Assistant Chief of Staff for Resource Management (ACSRM).

4. Service Class Definitions.

a. Premium Class: Any class of transportation service above coach, such as business class or first class.

(1) First-Class. The highest class of accommodations offered by a commercial airline in terms of cost and amenities and termed "first-class" by the airlines and in reservation systems. This includes suites offered by commercial ships and the highest class of service or other premium accommodations offered by passenger rail carriers.

(2) Business-Class. A premium accommodations class offered by a commercial airline that is higher than coach/economy and lower than first-class in both cost and amenities. This class is generally referred to as business, business elite, business

*This policy supersedes OTSG/MEDCOM Policy Memo 06-007, 17 Mar 06, subject as above.

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first, world business, connoisseur or envoy depending on the airline. For business-class definition for trains see JFTR U3135-B3.

b. Coach-Class. The basic accommodations class offered by commercial airlines or passenger rail carriers that includes a service level available to all passengers regardless of the fare paid.

5. Responsibilities. The US Army Medical Command (MEDCOM), ACSRM, will maintain and input all approved premium-class travel within the Premium Travel Reporting Tool to meet reporting requirements in accordance with (IAW) paragraph 7d of this policy letter and reference 1c, above. Approved requests will be entered within 5 days of approval and all documentation will be retained for a period of not less than 5 years for audit purposes.

6. Policy.

a. First-Class Travel: Within Department of the Army, the Secretary of the Army is the sole authorizing/approval authority for first-class travel paid by government funds or by a non-federal source.

b. Business-Class Travel: Within MEDCOM Headquarters, Regional Medical Commands, and Major Subordinate Commands, the authorizing/approval authority is The Surgeon General, the Deputy Surgeon General, or Chief of Staff. This approval level may not be further delegated.

c. Requests for premium-class travel accommodations must be endorsed by the Regional Medical Commander or the Major Subordinate Commander and comply with the provisions of the JFTR, paragraph U3125, or JTR, paragraph C2204. Requests must be submitted in advance of travel unless extenuating circumstances or emergency situations make advance authorization impossible. If such conditions arise, the traveler must obtain written approval from the appropriate authority within 7 days of travel completion.

d. Travel orders/authorizations must include justification details and reference the specific regulatory paragraph that supports the use of premium class travel. Requests not meeting this requirement will be returned without approval.

e. The traveler is responsible for the excess cost in the event premium-class tickets are issued in absence of proper approval.

f. Blanket authorizations are prohibited.

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7. Procedures.

a. All requests for approval must be completely justified and documented IAW with the provisions of the JFTR/JTR, reference 1a above. Submit requests through command channels to Commander, MEDCOM, ATTN: MCRM-F, 2050 Worth Rd., Suite 9, Fort Sam Houston, TX 78234-6009, fax 210-295-0869. The ACSRM will forward the request to the appropriate approval authority.

b. Defense Travel System (DTS): Activities using DTS will require each traveler to fax or scan the premium-class travel approval memorandum into DTS before the Authorizing Official approves the travel authorization. If premium-class (less than first-class) travel is approved after-the-fact, fax or scan the memorandum into DTS before the Authorizing Official certifies the travel claim for payment.

c. Using Frequent Flyer Miles (FFM) to upgrade to Business or First-Class: FFM earned during official travel may be used to upgrade official or personal flights to business or first-class provided military uniforms are not worn and there is no public advertisement of rank or grade.

d. Reporting Procedures: The ACSRM will ensure that all approved requests are entered into the Premium Travel Reporting Tool in a timely manner to meet semi-annual reporting, NLT 15 Apr and 15 Sep of each fiscal year. The report will be submitted to Vanesta Allen, HQDA Travel and Transportation Office, US Army Services and Operations Agency (ASAA-SOA), Room 13000, Taylor Building, e-mail: Vanesta.Allen@us.army.mil. Negative reports are required.

8. Our points of contact are CPT Tamiko Campbell and Ms. Angela Redix, Finance and Accounting Division, Office of the Assistant Chief of Staff for Resource Management, commercial (210) 295-2871 or 295-0868 (DSN 421).

FOR THE COMMANDER:

Encl


WILLIAM H. THRESHER
Chief of Staff

PART I – Traveler’s Statement of Disability or Other Physical Impairment

Read Privacy Act Statement (attached) before completing form

- 1. Traveler’s Name (last/first/middle): _____
- 2. Traveler’s Rank: _____ 3. Last 4 SSN: _____
- 4. Service/Agency: _____
- 5. Organization: _____
- 6. Work Phone (Commercial and DSN): _____
- 7. Email Address: _____
- 8. Mode of Travel (Air = 0, Ship = 1, Train = 2): _____
- 9. Travel Purpose: _____

Note: These codes are simply a means to categorize a particular trip; they do not in any way convey an entitlement to use premium class accommodations.

- | | |
|-------------------------|----------------------------|
| 0 = Site Visit | 5 = Relocation |
| 1 = Information Meeting | 6 = Entitlement Travel |
| 2 = Training | 7 = Special Mission Travel |
| 3 = Speech/Presentation | 8 = Emergency Travel |
| 4 = Conference | 9 = Other |

10. Location where Premium Class Travel Segments Start and End (enter all segments)

- | | |
|---------------|--------------------|
| Origin: _____ | Destination: _____ |
| Origin: _____ | Destination: _____ |
| Origin: _____ | Destination: _____ |

- 11. Date Travel to Begin: _____
- 12. Fare for Premium Travel: \$ _____ 13. Fare for Coach Class: \$ _____

****Note to Travel Approving Authority: The estimated cost of the premium travel will vary significantly from the time of estimate to the actual issuance of the ticket.**

14. Ticket Issuing Location (Name and Location of Commercial Travel Office - CTO):

15. Reason for Requesting Premium Class Travel, Reference JTR/JFTR paragraph: _____

16. Describe your medical condition (i.e., disease, disability, or other physical impairment) and how it interferes with traveling in coach-class. _____

17. Give the approximate date (month/year) your medical condition began to affect your ability to travel without special travel accommodations. _____

18. What is the expected duration of your medical condition? _____

19. What reasonable accommodation (e.g., bulkhead seating, two adjoining coach seats, seat cushion, aisle seat, etc.) so you would be able to travel in coach class?

PART I – Traveler’s Statement of Disability or Other Physical Impairment

CERTIFICATION AND CONSENT BY TRAVELER

I hereby certify that all statements made above are true to the best of my knowledge and belief. I hereby give my permission for the release of information about my service and medical condition(s) (i.e., disease and injury) to authorized agency officials and medical consultants.

Signature (Do Not Print)

Date

Privacy Act Statement

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC §§5701-5733, particularly §§5721-5733, 30 USC §905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for the collecting the data is to determine the amount to reimburse a traveler for expenses incurred in connection with temporary duty travel. Information may be transferred to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we may not be able to reimburse you for your expenses.

PART II - PHYSICIAN'S STATEMENT INSTRUCTIONS

The individual identified on the next page is requesting medical documentation that can be evaluated, along with other information, in connection with his or her request for an upgrade in air travel to premium-class (business-class/first-class) as a reasonable accommodation. Please specify in your report the physical and environmental requirements connecting the identified disability or other physical impairment and the requested accommodation and whether alternative means, such as bulkhead, aisle seating or two adjoining coach-class seats, may accommodate the traveler's condition.

The applicant is responsible for any cost incurred in connection with providing this documentation.

A new medical examination is not necessary if your records provide adequate documentation no more than 6 months old, or 12 months for validated permanent disability or physical impairment.

Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENTS." It is important that you respond to every item. If there is not sufficient space for your response, please provide a continuation sheet that indicates the corresponding item number for the information you are responding to. If an item is not applicable to the applicant's medical condition, enter "Not Applicable." After completing the form, please provide your medical stamp on the form, along with your signature.

Enclose your report and any attachments in a sealed envelope marked "MEDICAL DOCUMENTATION – PRIVILEGED – PRIVATE." Please provide it directly to the applicant.

PART II – MEDICAL DOCUMENTATION REQUIREMENTS

The Following Information is Provided on (full name of Traveler):

1. Diagnosis of disability or physical impairment associated with premium-class accommodations: _____

2. Clinical findings that relate to the reason for travel upgrade from the most recent medical evaluation, including any of the following which have been obtained: findings of physical examination; results of laboratory tests; X-rays; EKGs and other special evaluations or diagnostic procedures; and, in the case of psychiatric diseases, the findings of mental status examinations and the results of psychological tests.

3. Assessment of current clinical status, relevant medications prescribed, and plans for future treatment:

4. What is the expected duration of the disability or physical impairment?

5. What is the probability that the individual may suffer injury or harm if he or she is not accommodated? Explain the medical basis for your conclusion.

PART II – MEDICAL DOCUMENTATION REQUIREMENTS

6. Explain the relationship between the traveler’s request for premium-class travel and the traveler’s medical condition(s). Can the medical condition(s) be accommodated by any means other than travel in premium class? If the answer to any of the following questions is no, please fully explains the reasons for your response and the relation to the traveler’s medical condition.

a. Can the traveler’s medical condition(s) be accommodated by travel in bulkhead seating? Yes or No

b. Can the traveler’s medical condition(s) be accommodated by travel in aisle seating? Yes or No

c. Is the traveler medically able to tolerate seating in coach-class for any period of time? Yes or No If yes, please state the maximum duration _____

d. Can seating in coach-class with periodic movement around the cabin accommodate the traveler’s medical condition(s)? Yes or No

e. Can the traveler’s medical condition(s) be accommodated by periodic in-flight exercises designed to minimize the physical impacts of the flight? Yes or No

f. Can the traveler’s medical condition(s) be accommodated by purchasing two adjoining coach seats? Yes or No

7. Does the traveler require an attendant for medical services during travel, and if so, is it necessary for the attendant to be constantly with the employee while en route? If so, explain the duties of the attendant during the time of travel.

8. Physician’s Recommendation:

_____ Approval

_____ Approval with modifications as noted below

_____ Denial based upon reasons below

Comments:

9. Physician’s Stamp:

_____ Signature

_____ Date

_____ E-mail Address

_____ Phone Number