



CIVILIAN PERSONNEL FLIGHT FACT SHEET

Current as of: 28 Jun 24

RENEWAL AGREEMENT TRAVEL (RAT)

General: RAT is a paid round trip travel between a civilian employee's overseas duty location and the place of residence (Home of Record - HOR) in the United States. *(Do not confuse with home leave)*

Regulation: Joint Travel Regulation (JTR) 0550

<https://www.travel.dod.mil/Policy-Regulations/Joint-Travel-Regulations/>

To be eligible, employees must fulfill the following prerequisites:

- Must have a DoD Transportation Agreement (DD1617) in place for the initial tour.
- Must have COMPLETED the initial tour of duty (12, 24 or 36 months depending on location).
- Must have an approved tour extension on file with the CPO (12 or 24 months depending on location).
- Must sign a new **DD1617** for the 12 months.
- Must have 12 months remaining to the end of the extension tour upon return from RAT.

To request RAT provide the following documentation at least 45 days prior to travel date to

86fss.civ-orders@us.af.mil:

- Request for Travel Order (**DD 1614**) filled out with requestor's and dependents' information as follows:
 - **Items 1 – 7** Enter your information.
 - **Item 8 & 18b** Enter travel destination (either HOR or a single alternate destination).
 - **Item 18a** Enter your current physical address.
 - **Item 19** Dependents' information (if they accompany the sponsor).
 - **Item 22** – state "Sponsor is (or is not) a Government Travel Card (GTC) Holder".
 - **Item 28-1 (2nd page): Departure and Return date(s) for sponsor and dependents.** If dependent(s) travel non-concurrently please list specific travel dates for each person.
- Fill out and sign **DD1617** (for the number of months use 12 at the top and 12 or 24 months depending on location at the bottom of the form).
- Fill out and sign **SF1190** with exact travel dates annotated in item 18 for each traveler.

Additional Information:

- Post Allowance and Post Differential (if applicable) will be suspended during RAT.
- Dependents may travel unaccompanied – Not earlier than the date the sponsor meets eligibility for RAT and not later than 6 months after the sponsor begins travel.
- Shipment of HHGs stored in CONUS may be authorized on RAT orders NTE the unused weight limit on the initial PCS.
- If alternate RAT destination is authorized reimbursement will be limited to the amount of constructed government cost of travel to the employee's actual residence (Home of Record).
- Upon completion of RAT, file travel voucher [DD Form 1351-2](https://usaf.dps.mil/teams/SAFFMCSP/portal/SitePages/Home.aspx) via the Comptroller Service Portal at: <https://usaf.dps.mil/teams/SAFFMCSP/portal/SitePages/Home.aspx>.

**REQUEST/AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY
OR TEMPORARY CHANGE OF STATION (TCS) TRAVEL**

(Reference: Joint Travel Regulations) (Read Privacy Act Statement on back before completing form.)

SECTION I - REQUEST FOR OFFICIAL TRAVEL

1. DATE (YYYYMMDD)	2. NAME (Last, First, Middle)	3. SOCIAL SECURITY NUMBER
4. NEW POSITION TITLE	5. GRADE OR RATING	6. RETIREMENT CODE (Insert retirement code from Block 30 of employee's most recent SF-50. If unknown, employee should contact their servicing personnel office.)
7. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL RESIDENCE		8. NEW OFFICIAL STATION AND LOCATION, ACTUAL RESIDENCE OR ALTERNATE DESTINATION

9. REPORTING DATE AT NEW DUTY STATION (YYYYMMDD)

10. TRAVEL PURPOSE <input type="checkbox"/> BETWEEN OFFICIAL STATIONS <input type="checkbox"/> RENEWAL AGREEMENT <input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION <input type="checkbox"/> TEMPORARY CHANGE OF STATION <input type="checkbox"/> OTHER	11. TRANSPORTATION MODE <input checked="" type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> POC <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> RAIL <input type="checkbox"/> MILEAGE RATE: \$ _____ <input checked="" type="checkbox"/> AIR	12a. PER DIEM FOR EMPLOYEE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. PER DIEM FOR DEPENDENT(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13a. ROUND TRIP TRAVEL FOR HOUSE-HUNTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ACTUAL EXPENSE <input type="checkbox"/> FIXED	14a. TEMPORARY QUARTERS SUBSISTENCE EXPENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ACTUAL EXPENSE <input type="checkbox"/> FIXED	15a. HOUSEHOLD GOODS (HHG) SHIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMMUTED RATE <input type="checkbox"/> GOVERNMENT BILL OF LADING (GBL)
b. NUMBER OF DAYS (Including travel)	b. NUMBER OF DAYS AUTHORIZED	b. NET WEIGHT AUTHORIZED

16. OTHER AUTHORIZED EXPENSES <input type="checkbox"/> TEMPORARY STORAGE OF HHG <input type="checkbox"/> NONTEMPORARY STORAGE OF HHG <input type="checkbox"/> RELOCATION SERVICES <input type="checkbox"/> PROPERTY MANAGEMENT SERVICES <input type="checkbox"/> REAL ESTATE EXPENSES <input type="checkbox"/> UNEXPIRED LEASE <input type="checkbox"/> RELOCATION INCOME TAX ALLOWANCE <input type="checkbox"/> POV SHIPMENT <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input type="checkbox"/> MISCELLANEOUS EXPENSES <input type="checkbox"/> TRAVEL ADVANCE AUTHORIZED (Amount) \$ _____	17. DEPENDENT TRAVEL <input type="checkbox"/> CONCURRENT <input type="checkbox"/> DELAYED <input type="checkbox"/> EARLY RETURN <input type="checkbox"/> NOT AUTHORIZED
--	--

18a. DEPENDENT TRAVEL FROM (Home Address)	b. TO (New PDS)
--	------------------------

19. DEPENDENTS		
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)

20. ESTIMATED COST				21. TRANSPORTATION AGREEMENT	
a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL	SIGNED (X one)	
\$ _____	\$ _____	\$ _____	\$ _____	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				DATE SIGNED (YYYYMMDD)	

SECTION II - AUTHORIZATION FOR OFFICIAL TRAVEL

22. ACCOUNTING CITATION DEPARTMENT OF THE AIR FORCE SEE 2ND PAGE FOR ACCOUNTING CITATION 86 FSS (USAFE) APO AE 09094-3221 DIST: "H"		
23. APPROVING OFFICIAL a. TITLE	b. SIGNATURE	
24. AUTHORIZING/ORDER-ISSUING OFFICIAL a. TITLE	b. SIGNATURE	c. ORGANIZATION ADDRESS
25. TRAVEL AUTHORIZATION NUMBER	26. DATE ISSUED (YYYYMMDD)	

PRIVACY ACT STATEMENT

(5 U.S.C. §552a)

AUTHORITY: 5 U.S.C. §§5701, 5702; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used as authority to issue transportation documents, bills of lading for household goods and automobiles, and as a supporting authorization for cash payment of travel and transportation allowances.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude timely consideration of your request.

SECTION III - ADMINISTRATIVE INFORMATION

27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS:

(Losing/Gaining Activity - provide the address to where the employee should submit this claim for final disbursement.)

28. REMARKS OR OTHER AUTHORIZATIONS *(Use this space for special requirements, leave, excess baggage, etc., or other authorization.)*

This PDT/TCS travel authorization may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.

**DEPARTMENT OF DEFENSE (DOD) TRANSPORTATION AGREEMENT:
TRANSFER OF CIVILIAN EMPLOYEES OUTSIDE THE CONTINENTAL UNITED STATES (OCONUS)**

*The Prescribing Authority for this form is the Joint Travel Regulations (JTR).
For use of this form see JTR, par. 054906, "Preparation and Disposition."*

PRIVACY ACT STATEMENT
(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. §§ 5701, 5722, 5723, and 5724.

PRINCIPAL PURPOSE(S): This form is used to establish Government time in service requirements for employee (including appointees and student trainees) travel and transportation allowance eligibility when transferred to a position OCONUS.

ROUTINE USE(S): May be provided to law enforcement and others for audits and investigations.

DISCLOSURE: Voluntary. However, completion of this form is necessary before a transfer can be authorized and expenses paid.

1. NAME (Last, First, Middle Initial)		2. TYPE OF AGREEMENT <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL WITH PCS <input type="checkbox"/> RENEWAL WITHOUT PCS <input type="checkbox"/> PCS ONLY	
3. APPOINTMENT DATE (YYYYMMDD)	4. NEW APPOINTEE OR STUDENT TRAINEE <input type="checkbox"/> YES <input type="checkbox"/> NO	5. NEW ASSIGNED PERMANENT DUTY STATION (PDS) LOCATION (City, State/Territory/Country)	
6. ACTUAL RESIDENCE WHEN APPOINTED OR TRANSFERRED		7. PREVIOUS PDS LOCATION (City, State/Territory/Country)	

Pursuant to 5 U.S.C. §§ 5722 and 5723, an employee (including new appointees and student trainees) appointed to a position OCONUS must complete a transportation agreement for the employee and the employee's authorized dependent(s) to be eligible for payment of travel and transportation allowances. An employee's travel and transportation allowances may include movement of household goods, storage of household goods, and certain other allowances incident to employment at a location OCONUS. Movement and storage of household goods is not authorized for round-trip renewal agreement travel. Under the law, allowances shall not be authorized unless the employee agrees in writing to remain in the Government service for a prescribed period of time. To establish eligibility for the authorized allowances, the following agreement must be executed.

I understand and agree that:

- a. After I complete the prescribed _____ (minimum 12) month tour of duty, I will be eligible for travel and transportation allowances to return to my actual residence. My tour of duty begins on the appointment date listed above.
- b. If I do not complete at least 12 months of my tour of duty or I am removed for cause before completing 12 months, then I am obligated and will, upon demand, repay to the Government a sum of money equivalent to what the Government paid for travel and transportation and related allowances associated with the transfer of myself and my dependents, e.g., HHG storage and shipment, CONUS temporary quarters subsistence expenses (but no OCONUS temporary quarters subsistence allowance), real estate and/or relocation expenses, miscellaneous expenses, and any other related allowances incident to my transfer, from beginning point of travel to the PDS. I will also be responsible for the expense of returning to my actual residence. My employing agency may withhold any final pay due to me to satisfy any debt related to a violation of this agreement. See JTR, par. 054913, "Service Agreement Violation" for more information.
- c. If I complete at least 12 months, but do not complete my tour of duty or I am removed for cause before completing my tour of duty, then I will be responsible for the expense of returning to my actual residence.
- d. If I cannot complete the tour of duty for reasons beyond my control that are acceptable to my agency, I will remain eligible for travel and transportation allowances and will not be required to repay my agency for prior travel and transportation expenses. See JTR, par. 054912, "Acceptable Reasons for Release from a Tour of Duty" for more information.
- e. The tour of duty, actual residence, and PDS location(s) specified above are used for the purpose of establishing my eligibility for travel and transportation allowances.
- f. After I sign this agreement, I may not change the actual residence specified above for personal reasons. See JTR, par. 054903-B, "Employment OCONUS."
- g. I may be directed to use commercial aircraft, Government aircraft, or both for travel to or from the OCONUS PDS.
- h. To be eligible for renewal agreement travel, I agree to a full renewal tour of _____ months and agree to complete a minimum period a service of 12 months upon return to the OCONUS PDS after the completion of renewal agreement travel.

- i. I am not eligible to receive travel and transportation allowances for another transfer within DoD within 12 months of this transfer unless I meet the criteria for an exception under JTR, par. 053706, "PCS Limitation Policy."
- j. If I satisfactorily complete the specified period of service and sign a new service agreement, then I will be eligible for renewal agreement travel to my actual residence. See JTR, par. 055001, "Eligibility Requirements" for information about early renewal agreement travel eligibility.
- k. Signature on this form constitutes my certification that I and/or my authorized dependent(s) have not accepted, and will not accept, duplicate reimbursement for my relocation expenses. In addition, to the best of my knowledge, no third party has accepted duplicate reimbursement for my relocation expenses.

8. OTHER REMARKS *(To be completed by personnel office or employing agency officials only.)*

9. EMPLOYEE SIGNATURE

10. DATE SIGNED (YYYYMMDD)

11. DESIGNATED CIVILIAN PERSONNEL OFFICER/HUMAN RESOURCES OFFICER OR DESIGNEE SIGNATURE

12. DATE SIGNED (YYYYMMDD)

**FOREIGN ALLOWANCES APPLICATION,
GRANT AND REPORT (SF-1190)**

FOR OFFICIAL USE ONLY

1. Employee Name (<i>Last, First, MI</i>)				2. Social Security Number		Voucher Number Authorization/ Grant Number
3. Agency				4. Bureau/Office		

5. Pay Plan	6. Series	7. Grade	8. Annual Salary	9. Position Title	
-------------	-----------	----------	------------------	-------------------	--

10. Current Post/ Country of Assignment/Locality			11. Date of Arrival (<i>mm-dd-yyyy</i>)		12. Previous Post of Assignment
--	--	--	---	--	---------------------------------

13. Mailing Address				13a. E-mail Address	
---------------------	--	--	--	---------------------	--

14. If Local Hire: Date (<i>mm-dd-yyyy</i>)		14a. Reason for Presence			
---	--	--------------------------	--	--	--

15. If Spouse or Domestic Partner is Employed by the U.S. Government					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Spouse or Domestic Partner Name (<i>Last, First, MI</i>)			Social Security Number		Allowances Received
--	--	--	------------------------	--	---------------------

16. Family Domiciled at Post

Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner (<i>mm-dd-yyyy</i>)	% Support	Date of Arrival at Post (<i>mm-dd-yyyy</i>)	Allowances Received

17. Family Domiciled Away from Post

Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner (<i>mm-dd-yyyy</i>)	% Support	Date of Departure from Post (<i>mm-dd-yyyy</i>)	Residence Address/Telephone Cell Phone/E-mail (<i>please provide all</i>)

18. Remarks

Privacy Act Statement: Solicitation of this information is authorized under 5 U.S.C. 5922, E.O. 9397 and E.O.10903, Section 1(b-2) and DSSR Section 073.4 The information is used to determine employee eligibility for and appropriate amounts of allowances. All forms are subject to fiscal audit by the employee's parent agency and GAO. The Office of Allowances, U.S. Department of State, will review forms to set LQA rates. Lack of requested information may result in erroneous or unauthorized allowances.

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT		Voucher Number
19. Employee Name (<i>Last, First, MI</i>)		20. Social Security No.
21a. Payments [Check box(es). For calculations see DSSR chapter exhibits.]		FOR OFFICIAL USE ONLY
<input type="checkbox"/> TQSA – Temporary Quarters Subsistence Allowance – (<i>DSSR 120</i>)		
<input type="checkbox"/> Advanced Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>)		
<input type="checkbox"/> Biweekly Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>)		
<input type="checkbox"/> Lump Sum (<i>upon completion</i>) Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>)		
<input type="checkbox"/> LQA – Living Quarters Allowance (<i>DSSR 130</i>) [<input type="checkbox"/>] Repair Allowance (<i>DSSR 137</i>) [<input type="checkbox"/>]		
<input type="checkbox"/> EQA – Extraordinary Quarters Allowance (<i>DSSR 138</i>) [<input type="checkbox"/>]		
<input type="checkbox"/> PA – Post Allowance – (<i>DSSR 220</i>)		
<input type="checkbox"/> Transfer Allowance: Foreign (<i>DSSR 240</i>) [<input type="checkbox"/>] or Home Service (<i>DSSR 250</i>) [<input type="checkbox"/>] Portion(s): Subsistence [<input type="checkbox"/>] Miscellaneous [<input type="checkbox"/>] Wardrobe [<input type="checkbox"/>] Lease Penalty [<input type="checkbox"/>]		
<input type="checkbox"/> SMA – Separate Maintenance Allowance – (<i>DSSR 260</i>) Voluntary [<input type="checkbox"/>] Involuntary [<input type="checkbox"/>]		
<input type="checkbox"/> TSMA – Transitional Separate Maintenance Allowance (<i>DSSR 260</i>) 262.3a [<input type="checkbox"/>] 262.3b [<input type="checkbox"/>] 262.3c [<input type="checkbox"/>] 262.3d [<input type="checkbox"/>] 262.3e [<input type="checkbox"/>]		
<input type="checkbox"/> Education Allowance (<i>DSSR 270</i>) [<input type="checkbox"/>] or Travel (<i>DSSR 280</i>) [<input type="checkbox"/>]		
<input type="checkbox"/> PD – Post (<i>Hardship</i>) Differential (<i>DSSR 500</i>)		
<input type="checkbox"/> SND – Service Need Differential (<i>Difficult to Staff Incentive Differential</i>) (<i>DSSR 1000</i>)		
<input type="checkbox"/> DP – Danger Pay (<i>DSSR 650</i>) 652f [<input type="checkbox"/>] or 652g [<input type="checkbox"/>]		
Total Amount Claimed		
21b. Advances		
<input type="checkbox"/> LQA (<i>DSSR 130</i>) Beg. Date (<i>mm-dd-yyyy</i>) End Date (<i>mm-dd-yyyy</i>) Number of Months		
U.S. Dollar Payment Foreign Currency Payment		
<input type="checkbox"/> Transfer Allowance: Foreign (<i>DSSR 240</i>) [<input type="checkbox"/>] or Home Service (<i>DSSR 250</i>) [<input type="checkbox"/>] Portion(s): Subsistence [<input type="checkbox"/>] Miscellaneous [<input type="checkbox"/>] Wardrobe [<input type="checkbox"/>] Lease Penalty [<input type="checkbox"/>]		
<input type="checkbox"/> Advance of Pay (<i>DSSR 850</i>) This advance will be repaid in _____ pay periods. Travel Authorization or _____ Permanent Change of Station (<i>PCS</i>) number _____ Name of Issuing Authority _____		
22a. If Electronic Funds Transfer (<i>EFT</i>) Mark one: [<input type="checkbox"/>] Checking [<input type="checkbox"/>] Savings		
Financial Institution Name		Financial Institution Mailing Address
Routing Number		Account Number (<i>including any suffix</i>)
22b. If Paid by Check – Mailing Address, City, State, ZIP Code		
23. Accounting Classification(s)		
24. Employee Statement and Signature: The information given on this application is true and correct to the best of m knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in conditions which may affect the amount of allowances and/or differentials authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (<i>including fines and imprisonment</i>) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.		
Employee's Signature: _____		Date: (<i>mm-dd-yyyy</i>) _____
Spouse's or Domestic Partner's Signature: _____ (<i>If Applying for SMA on Behalf of Spouse or Domestic Partner</i>)		Date: (<i>mm-dd-yyyy</i>) _____
25. Approving/Reviewing Official Signature When Required		Date: (<i>mm-dd-yyyy</i>)
26. Certifying Official: The Above Request is Certified as Correct and Proper for Payment		Date: (<i>mm-dd-yyyy</i>)
Authorized Certifying Official's Signature		