APPLICATION FOR MPA MAN-DAY TOUR

AUTHORITY: 10 U.S.C. 672(d) and 8013; 44 U.S.C. 3101; and EO 9397 PRINCIPAL PURPOSE: To make application for MPA Man-day tours. ROUTINE USES: Information furnished may be disclosed to any DoD component, other Federal, state and local governmental agencies in the pursuit of their official duties. DISCLOSURE IS VOLUNTARY: Failure to provide the information will preclude the publishing of orders and member will not perform tour of duty. If marital status information is not disclosed, dependents will be denied the use of authorized facilities and services during period of duty by member.

I. PERSONAL INFORMATION *(To be completed by Individual)*

TO (Unit of Assignment)	NAME (Last, First, MI) AND GRADE	SSN

CURRENT ADDRESS *(Include ZIP Code)*	HOME TELEPHONE *(Inc area code)*	NO. OF MAN-DAYS PERFORMED CURRENT FY		
		YEAR	MPA	RPA OR NGB SPECIAL
	WORK TELEPHONE *(DSN)*			

MARITAL STATUS		NAMES OF FAMILY MEMBERS
☐ Married	☐ Single	

II. MPA TOUR INFORMATION

MPA-TOUR-TITLE CODE *(To be completed by MAJCOM/FOA/Single Mgr IMAs)*	DUTY AFSC	AFO *(where payment made)*

NO OF DAYS *(Including travel)*	REPORT TO *(Complete organization and address including ZIP code)*
INCLUSIVE DATE *(Including travel)*	

TRAVEL ARRANGEMENTS *(Will not commute tours only) (Check One) I understand the ticket will be sent to me with my orders.*

☐ I will travel by personal conveyance. I understand I will be paid for the mileage according to official distance tables at current rates. I further understand that the official travel time is determined by commercial air (Tours less than 90 days) and travel in excess of that is at personal risk. Note: Your reimbursement for mileage may be limited to the Government's cost for airfare.

☐ I will travel by commercial air and request a ticket be obtained in my behalf. I wish to depart from/return to	AIRPORT	I am available for travel after	HOURS

NOTE: You will normally be scheduled to arrive and depart as nearly as possible to required reporting and departure times. Your pay and travel allowance will be based upon this schedule even though you may travel at other dates or times for personal convenience, whether by personal conveyance (private auto) or commercial air. If you want to vary your travel schedule for personal reasons, indicate your desired schedule in the remarks section.

☐ I will arrange my own transportation thru the local SATO.

DATE	SIGNATURE OF RESERVIST

III. COMMAND INFORMATION *(To be completed by commander or authorized representative where performing duty)*

Reporting/Departure Time *(Complete only if mission requires specific times)*	REPORT NLT - TIME	REPORT NLT - DATE	DEPART NLT - TIME	DEPART NLT - DATE

ACTIVE DUTY IS		Approval has been obtained from unit with which active duty is to be performed. Explain in remarks, tours with holidays and tours that do not conform with the local work week.
☐ Disapproved	☐ Approved	

THE INSTALLATION COMMANDER HAS DETERMINED THAT THE MEMBER'S HOME OR PLACE FROM WHICH ORDERED TO DUTY AND DUTY STATION:

☐ Are within the corporate limits of the same municipality.

☐ Are not within the same corporate limits and are not within commuting distance.

☐ Are not within the same corporate limits but are within commuting distance and the nature of duty

☐ Does ☐ Does not prevent member from commuting.

DATE	NAME, GRADE, AND TITLE *(Type or Print)*	SIGNATURE

IV. MAN-DAY MANAGER ACCOUNTABILITY

CHARGE MPA MANDAYS TO ACCOUNT NUMBER: (For MAJCOM/FOA/Single Manager use only)

DATE	TITLE OF MAJCOM/SOA/SINGLE MANAGER	SIGNATURE

WAIVER *(If required, fill in when individual will exceed 139 days, when approved by HQ USAF/DPPR. Example of authority: HQ USAF/DPPR letter, 10 Jan 95)*

☐ Approved *(Give authority)* ☐ Disapproved

TRAVEL, TDY, AND PER DIEM FUND CITATION *(Provided by using activity when applicable)*

REMARKS *(If more space is needed, continue on reverse and identify Item)*