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TAP

Transition Goals, Plans, Success (GPS) Workshop Request Form

(Ensure form is complete/accurate AND ENCRYPTED prior to emailing)

NAME: (LAST, FIRST)	
RANK:	
SSAN:	
REPORT DATE/RELEASE DATE:	
NUMBER OF DAYS TDY:	
CLASS: Transition GPS or VA only	
BASE/UNIT WHERE CLASS HELD:	
IS TOUR IN COMMUTE AREA? Y/N	
# OF TRAVEL DAYS AUTHORIZED	
PAY AND ALLOWANCES: \$	
MEALS/INCIDENTAL COSTS: \$ (IF OUTSIDE COMMUTE AREA)	
POV MILEAGE COST: (Show Round Trip Miles X .56 = \$)	_____miles round trip X .56 = \$_____
LODGING: \$	
AIRLINE COST: \$	
RENTAL CAR: \$	
TOTAL COSTS: \$	
OFFICIAL EMAIL ADDRESS:	
PERSONAL EMAIL ADDRESS:	
HOME OF RECORD:	
UNIT + BASE OF ASSIGNMENT:	
ORDER WRITER'S EMAIL ADDRESS:	
COMMANDER'S EMAIL ADDRESS: DETACHMENT WORKFLOW (For IRs)	
BASE FM POC'S EMAIL ADDRESS: ARPC FM (For IRs)	
Additional Comments:	<p>TR Program: Orders writer: route this form through the Airman & Family Office for validation and scheduling. A&FR staff: forward to Mr. Eddy Saunders, charles.saunders.9@us.af.mil and Mr. Didier Opotowsky, didier.opotowsky.1@us.af.mil for AFRC reimbursement action.</p> <p>IR Program: Orders writer validates member is on the TAP roster and forwards to either Mr. Opotowsky or Mr. Saunders.</p>

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DATED: 28 MARCH 2014 (Delete all previous versions)