Instructions for completing Special Tour Request Form

Please follow instructions, incomplete forms will be returned for correction

Use this Special Tour request for:

- 1) Split Annual Tour (CONUS and OCONUS)
- 2) Annual Tour Away from Home Station NOTE: AT away from HS requires where duty will be performed

NOTE: Annual tours are not to be used to attend courses, DT panels, and most conferences

- 1) Member completes the member section, sign and forward to your assigned supervisor to complete supervisor section **NOTE** If IDTs are in conjunction, ensure your IDTs are scheduled in UTAPS. Members are highly encouraged to do their IDTs in conjunction with the split tour, if approved.
- 2) The supervisor will select approve/disapprove, then provide justification. If approved, enter details of mission requirements and duties to be accomplished
- 3) Once complete, forward the form to DET5orders@us.af.mil. The form will be staffed to the DET commander for review and decision. When decision is made, we will notify the member.

Members Rank, Last Name, First Name:				
Type of special request (select one)				
And (select request (s) if applicable):				
Member Section- Ensure all dates equal 12 days. Do not include travel days in start and end dates:				
(1) 1st AT duty start date (mm/dd/yy):	end date:	Travel days:		
(2) 2nd AT duty start date (mm/dd/yy):	end date:	Travel days:		
Annual Tour Away from Home station request : Detail below where annual tour will be performed and justify below. Please note, if you are requesting IDTs away from home station in conjunction, this needs to be approved by your assigned supervisor and the DET 5 commander.				
**NOTE: Normally, only one travel day is authorized if within CONUS, unless justified. Justification if requesting more than one travel day (CONUS only):				

I understand that I only have a maximum of 4 travel days (but may be entitled to less), for AT and I will complete the

required AT (12 working days) this FY to meet satisfactory participation.

Member Signature

	nis request to includ	le mission requirements/duties to be accomp ond annual tour period to justify a split annu	
DET CC Section:		Supervisor Name, Grade (Print or type) Supervisor Phone (DSN or Commercial)	Supervisor Signature
I	this request.		
			HQ RIO/DET 5 Commander