

CGD8 ER AUXILIARY TEMPORARY ASSIGNMENT TO DUTY (TAD) REQUEST/AUTHORIZATION WORKSHEET



EMAIL:	lember #:
Purpose: Use this form to indicate mode of travel and entitlements. If you have any questions, call the DIRAUX staff at 314-269-2696.	
Privacy Act Statement: In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard:	
 Authority - 10 USC Section 2771 Principle Purpose - Used to indicate a member's intention during TAD Routine Uses - Same Disclosure - Disclosure of this information is voluntary, but without disclosure the member may not receive authorization to purchase airline tickets at government expense. 	
Departure Location (including zip code): Destination (including zip code): Departure Date: Return Date: Purpose of Travel:	
Mode of Travel: Privately Owned Vehicle (POV) If taking POV provide distance between point of origin and destination Airline (Indicate Ticket Price): ADTRAV (1-855-576-4781) Locator #: Mileage (1 way) to the airport: Rental Car Price (if authorized):	Miles (1 way)
Are Quarters Available? (Government Lodging): Is Messing Available? (Government Mess Hall):	
Member's Comments:	EASTERNT WEGION

FUNDS APPROVING OFFICIAL'S SIGNATURE

To speed processing of your request complete this form thoroughly and accurately, and submit to the DIRAUX staff as soon possible by email to laura.a.simpson@uscg.mil.

APPROVING OFFICIAL'S SIGNATURE