PREMIUM CLASS AIR TRAVEL (BUSINESS CLASS) CERTIFICATION

Name of Traveler __________________________ Office Symbol ___________ Phone Number __________________________

Air Carrier ___________________________ Destination __________________ Date(s) of Travel __________________________

Cost: Business Class Air Fare: ___________ Coach Class Air Fare: ___________ Cost Difference: ___________

Select Appropriate Exception for Business Class Air Travel

- No space available in coach class and the trip cannot be scheduled in time to accomplish purpose of travel which is so urgent that travel cannot be postponed.
- Traveler has a special physical need that requires use of premium class air travel. (See ADS 522.3.11.1.d) (Medical statement provided and retained by the supervisor) DAA, Independent Office Director or Mission Director Clearance __________
- Premium class air travel is necessary to reasonably accommodate the traveler’s disability. (Letter from the Disability Review Committee must be attached to the TA).
- Premium class air accommodations are required for security purpose(s). SEC or Regional Security Officer Clearance ______________ Date ______________
- Premium class air travel is an overall cost savings to the Government.
- The scheduled flight is in excess of 14 hours (See specific conditions in ADS 522).
- Travel is funded by a non-Federal source. GC/EA or RLA Clearance ______________ Date ______________
- Use of frequent flyer travel benefits or traveler pays for upgrade at personal expense (Arrangements are worked out between the employee and the respective airline).
- Premium class air travel for medical evacuation. (Authorized by State/MED in consultation with foreign service medical provider)
- Regularly scheduled flights between origin/destination points (including connecting points) only provide Premium class air accommodations.

Did you review the Agency policies on Premium class air travel in ADS 522, Performance of Temporary Duty Travel in the U.S. and Abroad?  Yes_____ No_____  

Did you consider a rest stop in lieu of Premium class air travel?  Provide explanation below:

APPROVAL

Printed Name and Signature of Administrator, Deputy Administrator or their designee (must approve for Assistant Administrators and Independent Office Directors) ___________________________ Date ______________

Printed Name and Signature of Assistant Administrator (must approve for Deputy Assistant Administrators and Mission Directors) ___________________________ Date ______________

Printed Name and Signature of Mission Director ___________________________ Date ______________

Printed Name, Signature and Title of Supervisor ___________________________ Date ______________