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INFO DEPT OF AGRICULTURE USD FAS WASHINGTON DC
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ATTENTION MANAGEMENT AND HUMAN RESOURCES OFFICERS,
INFORM CONSULS FOR MANAGEMENT, HR OFFICERS, CLO, HEALTH
OFFICES AND CONSULAR SECTIONS, FROM HR/ER/WLD

E.O. 13526: N/A
TAGS: AMGT, APER, CPAS
SUBJECT: A COMPREHENSIVE GUIDE ON ISSUES RELATED TO PREGNANCY, 2013

1. SUMMARY: For families assigned abroad, pregnancy and childbirth are reasons for both joy and confusion. To help our Foreign Service employees and family members who have questions about leave, medical evacuation to the United States and to locations abroad, and other pregnancy-related issues, the Bureau of Human Resources has updated its comprehensive guide, last issued in July, 2010. END SUMMARY.

2. We ask that management and human resources officers distribute this guide widely among their missions. Copies should be kept on file at post, including in management and HR offices, Community Liaison Offices, medical units, and Consular American Citizen Service Units. A link to this cable will appear on the HR Intranet website. See "Notices Related to Leave" at http://intranet.hr.state.sbu/Benefits_Compensation/Leave/Pages/NoticesRelatedtoLeave.aspx .

Employees interested in adoption should consult the Foreign Affairs Handbook (FAH), 3 FAH-1 H-3423, regarding the use of sick leave for adoption. Intercountry adoption information can be found on the CA website at <http://intranet.ca.state.gov/services/family/adoption/13231.aspx> or on the Internet at <http://Adoption.State.gov> .

SUBJECTS INCLUDED:

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Item 4 Non-Coverage
Item 5 Prohibition against Pregnancy Discrimination
Item 6 Leave Options
Item 7 Leave Without Pay (LWOP) and Allowances
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- Item 24 Recap: Chronology of Administrative Steps for Birth of Child in U.S.

3. Coverage

This guidance applies to all U.S. citizen Department of State Foreign Service employees, Eligible Family Members (EFM), and employees of other agencies who are covered under the Department of State's Medical Program (reference 16 FAM 110). In accordance with 3 FAM 1614, children of individuals who currently have the status of EFM domestic partners are considered stepchildren of the employee. The employee should follow the procedures outlined in this cable for adding the child to orders, securing a passport, etc. The Department will provide additional guidance as it becomes available regarding the applicability of various benefits to same-sex spouses.

4. Non-Coverage

This guidance does not apply to Foreign Service National employees (FSNs) (ref. 5 USC 6301) and other locally employed staff (LE staff) including Rockefeller hires, employees hired under Personal Services Contracts (PSC) or Personal Services Agreements (PSA) (3 FAM 8100 Appendix A section 171.1), non-FMA employees on Temporary Appointments, or other individuals not participating in the Department of State's Medical Program. An FMA employee on Intermittent No Work Scheduled status (INWS) is eligible for applicable benefits as an EFM only.

5. Prohibition against Pregnancy Discrimination

The Pregnancy Discrimination Act is an amendment to Title VII of the Civil Rights Act of 1964. Discrimination on the basis of pregnancy, childbirth, or related medical conditions constitutes unlawful sex discrimination under Title VII. Women affected by pregnancy or related conditions must be treated in the same manner as other applicants or employees with similar disabilities or limitations. See <http://www.eeoc.gov/facts/fs-preg.html> for more details.

6. Leave Options

For leave purposes, the definition of a serious health condition includes any period of incapacity due to pregnancy or childbirth, or for prenatal care (5 CFR 630.1202). This includes the mother's period of incapacitation following childbirth, which typically is six weeks for a normal birth and eight weeks in the case of a caesarian section. Birth mothers and fathers may use leave as described below.

Appropriate medical documentation determines the amount of sick leave that can be used by the birth mother, father, or domestic partner of the mother. A medical certificate is a written statement signed by a registered practicing physician or other practitioner certifying the incapacitation, examination or treatment, or period of disability while the patient is receiving professional treatment.

For family care, employees may provide a written statement from the health care provider concerning the family member's need for psychological comfort and/or physical care.

Home leave may be used only if home leave orders coincide with the birth and recuperation, and it may not be used when invoking the Family and Medical Leave Act (FMLA). There is no need to invoke the FMLA to use accrued and applicable sick leave.

For additional information, refer to the guidance in 3 FAM 3530 (Family and Medical Leave Act of 1993); 3 FAM 3420 and 3 FAH-1 H-3420 (Sick Leave); 3 FAM 3410 and 3 FAH-1 H-3420 (Annual Leave); 3 FAM 3340 (Voluntary Leave Transfer Program); and 3 FAM 3510 and 3 FAH 3510 (Leave without Pay), which can be found online at <http://a.m.state.sbu/sites/gis/dir/FAM/default.aspx> . The Office of Personnel Management (OPM) regulations implementing the FMLA for Federal government employees can be found in 5 C.F.R. Part 630 and online at <http://www.opm.gov/oca/leave/HTML/fmlafac2.asp> .

6.1 Leave Used by the Birth Mother

In advance of the birth, a MEDEVACed employee may request a combination of annual leave and leave without pay (LWOP) for time away from the workplace; she also may use sick leave for medical appointments or periods when she is incapacitated. Some employees may be able to arrange work through their bureaus when back in the United States before the birth of the baby, reducing the hours on leave before the birth.

Following the birth, there are various ways to structure leave. For example, an employee may use sick leave for her period of recuperation following the birth (generally six weeks, or eight weeks should the delivery be by caesarian section). After that, if she has 12 months of qualifying federal government service, she may invoke the FMLA and take up to 12 weeks of LWOP -- substituting annual leave for the LWOP if it is available and desired -

to care for the infant. These leave options and others are described more fully below. (The guidance applies to full-time employees unless otherwise noted; part-time employees should review the guidance in each section of the applicable FAM or FAH.)

--Accrued Sick Leave: It is not necessary to invoke the FMLA to use applicable accrued sick leave. The employee is entitled to use accrued sick leave for any period of incapacitation related to pregnancy and childbirth and for her medical appointments and treatments. For example, she may use sick leave during the recuperation period following childbirth. The length of the recuperation period is established by medical certification from the health care provider that the mother is under his or her care as she recovers from childbirth. Employees may not use sick leave to care for or bond with a healthy child. (The employee also is entitled to use 480 hours of accrued sick leave per leave year to care for a family member with a serious health condition. Employees may use up to 104 of the 480 hours to provide general family care, such as taking an infant to medical appointments or treatments.)

--Advanced Sick Leave: When the employee is incapacitated for the performance of her duties because of pregnancy or childbirth and has insufficient sick leave, she may request up to 240 hours of advanced sick leave, the maximum amount of advanced sick leave that a full-time employee may have to his or her credit at any one time. The employee may request an advance of up to 104 hours of sick leave for her own general medical care (medical visits or exams, for example). She may request an advance of up to 240 hours of sick leave to care for a family member with a serious medical condition and up to 104 hours of sick leave for general medical care for a family member (taking an infant for a medical appointment, for example). No more than 240 hours of sick leave may be advanced per serious illness. Approval of advanced sick leave is at the discretion of the leave-approving official. (See 3 FAM 3428.)

--Accrued Annual Leave: Annual leave may be requested, but approval is at the discretion of the leave-approving official.

--Advanced Annual Leave: Advanced annual leave may be requested and approved at the discretion of the leave-approving official for an amount that does not exceed the number of hours the employee would accrue through the end of the current leave year.

--Leave Without Pay (LWOP): Employees are entitled to LWOP when invoking the Family and Medical Leave Act (see the section below for more information). An approving official at post may approve up to 90 calendar days of LWOP for employees not eligible for FMLA. Requests for more than 90 calendar days of LWOP must be submitted to the employee's Career Development Officer in HR/CDA for approval.

EFMs on FMAs also may be granted LWOP. Posts must give careful consideration to requests in excess of 80 hours of LWOP. Requests for LWOP in excess of 30 days must be approved by the bureau.

LWOP requests that exceed 80 hours require completion of an SF-50, unless the employee is concurrently participating in the Voluntary Leave Transfer Program.

See 3 FAH-1 H-3510 for further information about LWOP as well as the OPM fact sheet, Effect of Extended LWOP on Federal Benefits and Programs, at http://www.opm.gov/oca/leave/HTML/lwop_eff.htm .

--The Family and Medical Leave Act (FMLA): Employees (both full-time and part-time) with 12 months of federal government service are eligible to invoke the FMLA. The FMLA and OPM's implementing regulations pertaining to federal employees entitle employees to a maximum of 12 weeks of unpaid absence (LWOP) in a 12-month period for several purposes, which include: (1) the birth of a son or daughter of the employee and the care of the child (bonding with the baby); (2) the placement of a child with the employee for adoption or foster care; (3) the care of a spouse, son, daughter, or parent of the employee who has a serious health condition; or (4) a serious health condition of the employee that makes the employee unable to perform the essential functions of his or her position.

Supervisors should ensure that expectant parents are fully aware of their rights and responsibilities under the FMLA. Annual leave may be substituted for LWOP when invoking the FMLA to care for or bond with a well baby. Sick leave may not be substituted for this purpose. (Sick leave may be substituted for the LWOP when the FMLA is invoked because the employee or a family member has a serious health condition.)

Employees must give 30 days' notice where foreseeable when invoking the FMLA for an expected birth or placement of a child, and otherwise as soon as practicable. Providing early notification also helps posts in planning ahead to cover any staffing shortages.

The FMLA may be invoked to care for the baby at any time during the 12-month period following the baby's birth. The period of absence must be concluded one year from the birth of the baby.

When an employee invokes the FMLA to care for a well baby, taking LWOP or annual leave intermittently or working on a reduced leave schedule requires agreement from the supervisor.

If the FMLA is invoked because of a serious health condition, the employee must submit appropriate medical certification. When the medical certification demonstrates that the employee or an immediate family member has a serious health condition requiring the employee to take intermittent leave or to work on a

reduced leave schedule, the intermittent time off must be granted.

--VOLUNTARY LEAVE TRANSFER PROGRAM (VLTP)

A mother may request to participate in the VLTP during periods of incapacitation if she has exhausted all of her annual and sick leave and faces 24 hours of unpaid absence during this time. Medical documentation determines the length of participation in the program. Typically VLTP participation occurs only during the mother's period of recuperation following childbirth. If the infant experiences a medical emergency and the other criteria for VLTP participation are met, the employee could participate in the VLTP to cover absences while caring for the child.

6.2 Leave Used by the Father

In advance of the birth, an employee may request a combination of annual leave and leave without pay (LWOP) for time away from the workplace, or he may use sick leave to accompany the mother to medical appointments or to care for her if she is ill.

Following the birth, there are various ways to structure leave. For example, an employee may use sick leave to care for the mother during her period of recuperation (generally six weeks for a normal birth, or eight weeks should the delivery be by caesarian section). After that, if the employee has 12 months of qualifying federal government service, he may invoke the FMLA and take up to 12 weeks of LWOP -- substituting annual leave for the LWOP if it is available and desired -- to care for the infant. These leave options and others are described below. (The guidance applies to full-time employees unless otherwise noted; part-time employees should review the guidance in each section of the applicable FAM or FAH.)

--ACCRUED SICK LEAVE: It is not necessary to invoke the FMLA to use applicable accrued sick leave. Employees are entitled to use 480 hours of accrued sick leave per leave year to care for a family member with a serious health condition. Any period of incapacitation of the mother before the birth or her recuperation period following the birth would be times when the employee may use some of the 480 hours. Employees may use up to 104 of the 480 hours to provide general family care, accompanying the mother or infant to medical appointments, for example. The length of the recuperation period is established by medical certification from the health care provider stating that the mother is under his or her care as she recovers from childbirth. Employees may not use sick leave to be absent from work to care for or bond with a healthy baby.

--ADVANCED SICK LEAVE: An employee with insufficient accrued sick leave may request up to 240 hours of advanced sick leave to care for a family member with a serious health condition, which would include periods when the mother is incapacitated because of pregnancy or childbirth. The employee may request up to 104 hours of advanced sick leave for general family care (medical

visits or exams, for example). No more than 240 hours of sick leave may be advanced per serious illness; 240 hours is the maximum amount of advanced sick leave a full-time employee may have to his or her credit at any one time. Approval of advanced sick leave is at the discretion of the leave-approving official. (See 3 FAM 3428.)

--ANNUAL LEAVE: Annual leave may be requested, but approval is at the discretion of the leave-approving official unless the FMLA is invoked.

--ADVANCE ANNUAL LEAVE: Advance annual leave may be requested and approved at the discretion of the leave-approving official for a period of hours not to exceed the number of hours to be accrued by the employee through the end of the current leave year.

--Leave Without Pay (LWOP): Employees are entitled to LWOP when invoking the Family and Medical Leave Act (see the section below for more information). An approving official at post may approve up to 90 calendar days of LWOP for employees not eligible for FMLA. Requests for more than 90 calendar days of LWOP must be submitted to the employee's Career Development Officer in HR/CDA for approval.

EFMs on FMAs also may be granted LWOP. Posts must give careful consideration to requests in excess of 80 hours of LWOP. Requests for LWOP in excess of 30 days must be approved by the bureau.

LWOP requests that exceed 80 hours require completion of an SF-50, unless the employee is concurrently participating in the Voluntary Leave Transfer Program.

See 3 FAH-1 H-3510 for further information about LWOP as well as the OPM fact sheet, Effect of Extended LWOP on Federal Benefits and Programs, at http://www.opm.gov/oca/leave/HTML/lwop_eff.htm .

--The Family and Medical Leave Act (FMLA): Employees (both full-time and part-time) with 12 months of qualifying federal government service are eligible to invoke the FMLA. The FMLA and OPM's implementing regulations pertaining to federal employees entitle employees to a maximum of 12 weeks of unpaid absence (LWOP) in a 12-month period for several purposes, which include: (1) the birth of a son or daughter of the employee and the care of the child (bonding with the baby); (2) the placement of a child with the employee for adoption or foster care; (3) the care of a spouse, son, daughter, or parent of the employee who has a serious health condition; or (4) a serious health condition of the employee that makes the employee unable to perform the essential functions of his or her position.

Supervisors should ensure that expectant parents are fully aware of their rights and responsibilities under the FMLA. Annual leave may be substituted for LWOP when invoking the FMLA to care for or bond with a well baby. Sick leave may

not be substituted for this purpose. (Sick leave may be substituted for the LWOP when the FMLA is invoked because the employee or a family member has a serious health condition.)

Employees must give 30 days' notice where foreseeable when invoking the FMLA for an expected birth or placement of a child, and otherwise as soon as practicable. Providing early notification also helps posts in planning ahead to cover any staffing shortages.

The FMLA may be invoked to care for the baby at any time during the 12-month period following the baby's birth. The period of absence must be concluded one year from the birth of the baby.

When an employee invokes the FMLA to care for a well baby, taking LWOP or annual leave intermittently or working on a reduced leave schedule requires agreement from the supervisor.

If the FMLA is invoked because of a serious health condition, the employee must submit appropriate medical certification. When the medical certification demonstrates that the employee or an immediate family member has a serious health condition requiring the employee to take intermittent leave or to work on a part-time schedule, the intermittent time off must be granted.

--VOLUNTARY LEAVE TRANSFER PROGRAM (VLTP)

The father may request to participate in the VLTP in order to care for the mother during her periods of incapacitation if the employee has exhausted all annual and sick leave and faces 24 hours of unpaid absence during this time. Medical documentation determines the length of participation in the program. Typically VLTP participation occurs only during the mother's period of recuperation following childbirth. If the infant experiences a medical emergency and the other criteria for VLTP participation are met, the employee could participate in the VLTP to cover absences while caring for the child.

6.3 Leave Options for Domestic Partners

With the exception of leave taken under the Family and Medical Leave Act (FMLA), the leave options that are available to fathers also are available to employees whose domestic partners are giving birth.

The FMLA currently does not include a provision that allows an employee to invoke it to care for a domestic partner as she recovers from childbirth or if the domestic partner has a serious medical condition. If the employee is standing in loco parentis to the infant, then invoking the FMLA to care for/bond with the child is an option. If adopting the child, the employee could invoke the FMLA and use up to 12 weeks of LWOP - substituting annual leave, if desired -- prior to, on, or after the actual date of the placement for adoption. The leave must be concluded within 12 months of the placement. Employees who are

adopting the infant also may use sick leave, without invoking the FMLA, to cover any absence required for activities necessary to allow the adoption to proceed (see 3 FAM 3423a(6)). The Department will provide additional guidance as it becomes available regarding the applicability of various benefits to same-sex spouses, including any changes in the FMLA.

7. Leave Without Pay (LWOP) and Allowances

Except for the Living Quarters Allowance (LQA), employees who take LWOP for more than 14 consecutive days -- whether at post or away from post -- will not receive any allowances while they are in LWOP status. (See DSSR 051.2.) For LQA, employees who take LWOP for more than 30 consecutive days -- whether at post or away from post -- will not receive LQA while they are in LWOP status. (See DSSR 132.2b(2).) In both cases, allowances are suspended as of the first day of the LWOP. Post Differential and Danger Pay are suspended for all days of LWOP (see DSSR 052.2).

NOTE: The following paragraphs (8-24) apply to employees and EFMs covered by the Department of State Medical Program. Employees of other agencies and their EFMs should check with their agencies for assistance with infant passports, health insurance, travel orders, travel vouchers, and return travel.

8. Medical Travel

8.1 Travel to the United States

The Office of Medical Services (MED) recommends that a pregnant employee or EFM return to the United States for delivery. Medical travel will be authorized unless such travel is superseded by other U.S. government-funded travel, such as home leave or Permanent Change of Station (PCS).

Medical travel funding for expectant mothers will be authorized to any location in the continental United States, Alaska, or Hawaii. Per diem funding will be at the rate of the specified U.S. location.

In the case of other children at post, under the provisions of 16 FAM 316.2a, a family member incapable of caring for himself/herself if he/she remained at post may be authorized to travel with the patient and should be included in the medical travel orders, providing that no suitable arrangement can be made at the post. In these instances, the principal officer or his/her representative shall verify that the conditions are met and the travel is in the best interests of the U.S. government. In such cases, the family member(s) should be included on the patient's travel orders and will be eligible for per diem.

The patient should depart from post no later than six

weeks prior to the expected date of delivery and generally is expected to return to post six weeks after delivery, if it is medically appropriate for her and the infant to travel at that time.

At the onset of pregnancy, the expectant mother is advised to notify the post health unit or RMO, enabling early counseling and arrangements for prenatal care overseas. Post should alert the Regional Medical Officer (RMO) or the Foreign Service Health Practitioner (FSHP) of the planned medical evacuation. Post is required to send a telegram to M/MED/FP requesting authorization for the medical evacuation (MEDEVAC). M/MED will reply with:

- 1) A MED CHANNEL telegram authorizing the MEDEVAC; and
- 2) A MED CHANNEL telegram providing a fund cite for medical travel for STATE employees or their family members (other agency employees must request fiscal data from their sponsoring agency). The telegram and fund cite will be shared with appropriate financial staff.

MEDEVAC authorization telegrams contain other important instructions on administrative matters, such as a letter of authorization for hospitalization (Form DS-3067) issued by M/MED, medical insurance, processing and reimbursement of medical claims, and medical clearances for the mother and newborn (ref 3 FAM 3713.5-3). Employees are urged to review these cables carefully and to seek clarification promptly when they have questions.

8.2 Travel and Per Diem to a Location Abroad Away from Post

If the expectant mother elects to deliver abroad and away from post, and if the location is approved by MED, travel will be cost constructed based on travel costs to Washington, D.C. Children may travel with the mother, also on a cost constructed basis, in accordance with the provisions of 3 FAM 3716.2 b, described in section A, above. This means that transportation costs and per diem are paid at either Washington, D.C. based rates or those of the chosen MEDEVAC locality, whichever cost is lower.

MED will authorize a MEDEVAC abroad only to a post with an adequate and higher level of obstetrical and neonatal care. This suitability determination will be made by MED/Foreign Programs. Women planning an obstetrical MEDEVAC abroad are advised to contact MED/Foreign Programs through their Health Unit early in their pregnancy to determine the suitability/adequacy of obstetrical and neonatal care at the proposed MEDEVAC location. The Regional Medical Officer (RMO) covering the proposed location must also accept the patient into his/her region for delivery.

The expectant mother must have a local physician willing to assume her prenatal and obstetrical care upon arrival at the MEDEVAC location abroad, as well as a local pediatrician to provide newborn care.

Travel back to post will be authorized for the mother and the infant only after a medical approval has been issued for each of them by M/MED/FP.

8.3 Travel from the United States to an Assignment Abroad

A woman who is in the United States for training, home leave, or a pending U.S.-to-post transfer and who is at 34 weeks or greater gestation will not be cleared to go abroad until approximately six weeks after delivery.

MED may pay per diem, based on the given circumstances, for the woman to stay in the United States to deliver if she is prevented from transferring due to this 34-week rule.

An employee may apply for Voluntary SMA (VSMA) payments for an EFM who has not yet reached 34 weeks gestation but who chooses to remain in the United States until after the delivery and for any children who remain in the U.S. with her. The employee should be sure to discuss with the bureau SMA coordinator the impact of the One Change Rule associated with VSMA [see the Department of State Standardized Regulations (DSSR) 264.2, b and possible exception to the One Change Rule at DSSR 262.4a.(1)]. The employee may request Involuntary SMA (ISMA) when the family member reaches the 34-week gestation point.

9. Travel Reservations

Travel cannot commence until MEDEVAC and fund cite telegrams have been issued, but reservations can be made beforehand. The ticket must be issued with an open return. The pregnant employee or covered eligible family member should depart post not later than six weeks prior to the expected delivery date. Medical considerations, however, may dictate an earlier departure from post.

10. Per Diem

10.1 The Department's Office of Medical Services authorizes a total of up to 90 days of per diem for the combined period before and after delivery (up to 45 days before the expected date of delivery and up to 45 days after the delivery) to a pregnant employee or eligible family member MEDEVACed to the United States or elsewhere.

Periods of hospitalization are not covered by per diem. While receiving medical per diem, an employee on a post-to-post transfer with training at FSI cannot receive per diem from other sources (consultations, FSI per diem, for example). Generally, per diem is not extended beyond six weeks after delivery. Per diem in excess of 90 days, but not to exceed 180 days, may be authorized by the Medical Director or designee or the Foreign Service medical provider when there is a clear medical complication necessitating early departure from post or delayed return to post. Per diem for newborns is authorized at one-half

of the applicable local rate, excluding periods of hospitalization.

10.2 To the greatest extent possible, obstetrical travel should be scheduled to coincide with other non-medical travel, such as home leave or transfer orders, to avoid the necessity of additional medical travel expense. No per diem may be granted while on home leave. The minimum amount of home leave for employees and their eligible family members who are transferring to another assignment abroad is 20 workdays and the maximum is 45 workdays (see 3 FAM 3430). When transferring to a domestic assignment, the maximum number of home leave days authorized is 25 workdays (see 3 FAM 3435.1).

10.3 Per diem will not be extended because of delays in obtaining a passport for the newborn. (See paragraph 19 for guidance on how to obtain a passport.)

10.4 In the rare instances in which a post goes on authorized or ordered departure while a pregnant employee or family member is on MEDEVAC orders, the individual remains on MEDEVAC orders until they expire. Following that, she would receive a Subsistence Expense Allowance (SEA) or another appropriate allowance according to the circumstances.

(Note: The HR/EX Assignment Technicians mentioned in the following paragraphs are located in Room 4250, SA-3 (2121 Virginia Avenue, NW, Washington, DC 20037); phone: 202-663-0405; fax: 202-663-0449; email: HR-EX-ASU@state.gov.)

11. Layette Shipment/UAB Shipment

If the employee is at post, a layette shipment is permitted when suitable layettes are not available at post. A layette shipment is a separate airfreight allowance not to exceed 250 pounds gross weight for a newborn child or an adopted child of less than five years of age who is an eligible family member.

Once post has determined and certified that suitable layettes are not available locally (14 FAM 613.5), post must submit a cable to the employee's HR/EX Assignment Technician (HR/EX/Assignment Support Unit) requesting that the employee's original travel orders be amended to authorize a layette shipment. This telegram must include post certification of unavailability.

After the orders are amended, the employee must contact the Office of Transportation and Travel Management Division (A/LM/OPS/TTM) in the Department to make arrangements for onward shipment (phone: 202-663-0891/0892 or from outside the Washington, D.C. area, toll free 800-424-2947; fax: 202-663-0967; e-mail TransportationQuery@state.gov).

The employee or eligible family member may arrange for a family member/friend/store in the United States to obtain

a layette if s/he has not already done so before going to post. The family member/friend/store may also coordinate with A/LM/OPS/TTM for shipping. Air shipment of the layette may commence up to 120 days prior to an expected birth, and must commence no later than 60 days after the birth of the child.

If the employee has not yet arrived at post, shipment of a layette will not be authorized. The travel authorization will be amended to add the newborn child as an additional EFM and the appropriate additional unaccompanied air baggage (UAB) shipping weight entitlement will be added, usually 100 or 150 pounds depending on the total number of EFMs included on the travel authorization. In accordance with 14 FAM 613.5, items shipped in a layette must be directly related to the care and feeding of a child. For example: crib, playpen, infant car seat, high chair, commercial baby food, formula, cloth or disposable diapers, baby clothing, crib or receiving blankets, crib bedding, and similar items. Layette items may not include adult-size furniture, or foodstuffs other than those specifically intended for consumption by an infant.

12. Information/Documents to Take With You

The MEDEVACed employee or EFM should carry the name and telephone number of the employee's HR/EX Assignment Technician and take with her a blank OF-126 form (Foreign Service Residence and Dependency Report) and a blank passport application. The Form DS-11, Application for U.S. Passport (which is the same for both the diplomatic and regular passport), is available online at <http://travel.state.gov/passport> or at the nearest consular section at post.

If only one parent will appear to secure a passport for the new baby, the absent parent must provide notarized, written consent on form DS-3053 giving permission to the parent who is present to apply for the child with a photocopy of the absent parent's valid photo ID (front/back). The mother should take this completed form with her if there is a chance that the other legal parent, if any, will not be present when it is time to apply for a passport. As general guidance, if the birth certificate will include the name of a domestic partner as a parent, the domestic partner should sign the DS-3053 form. For the sake of contingency planning, it is a good idea to take this completed form along, even if both parents plan to be present. (Parents should not wait until the baby is on their travel orders before applying for an official or diplomatic passport for the baby - see paragraph 19.)

The mother also should take medical records pertaining to the pregnancy, in English, including test results and prenatal care, and insurance information for the attending doctor's office in the United States. Read the instructions in the MED channel telegrams carefully and provide any information requested.

ISSUES TO ADDRESS WHILE IN THE UNITED STATES:

13. M/MED Contact

Upon arrival in United States, the employee mother or EFM must call the M/MED Foreign Programs office located in State Annex 1, 2401 E. Street, NW, Room L-209, phone: 202-663-1662 or toll-free, 888-878-3962. This is necessary for arrival notification and administrative assistance.

14. Health Insurance

The Federal Employees Health Benefits program requires that all in-patient confinements undergo pre-certification in the United States. Therefore, the employee mother or EFM or doctor must call her insurance company prior to admission to the hospital to give birth (or within two working days in the event of an emergency hospitalization) to receive full insurance benefits.

The DOS Medical Program pays the co-payments but not the deductibles after the insurance company has paid its share for covered pregnancies when a Letter of Authorization (Form DS-3067) is issued by Med/Foreign Programs after initial contact with Foreign Programs (202-663-1662) upon arrival in the United States on MEDEVAC. Deductibles are not reimbursed. An employee serving under a Family Member Appointment (FMA), temporary appointment, on Intermittent No Work Scheduled status (INWS), or on LWOP should review her medical coverage if she has elected self-coverage.

Employees are responsible for payment of the employee share of health insurance premiums. When an employee enters nonpay status, or when his or her pay is insufficient to cover the health insurance premiums, the employee must terminate FEHB enrollment or continue the enrollment by agreeing to pay premiums directly or to incur a debt for the amount of the premiums. The employee should complete a DS 5112 Form (Employee Statement Concerning FEHB Coverage During Nonpay Status) and send it to the HR Service Center at HRSC@state.gov. When paying directly, the check or money order must be made payable to the Department of State and mailed to Domestic Payroll, Charleston Financial Service Center, PO Box 150008, Charleston, SC 29415-5008.

It is the employee's responsibility to make sure that the baby is added to his/her health insurance policy. If the parents are both U.S. federal government employees who each have self-only coverage, two SF-2809s must be completed to terminate one self-only plan and change the other to family coverage to include both employees and the baby. Questions regarding this or other health insurance issues on the addition of a child should be sent to the Human Resources office of the employee's bureau or to FEHB@state.gov.

15. Working in the Department Before/After the Baby is Born (State employees only)

An employee who has her baby in the United States generally spends at least six weeks in the United States

prior to the delivery of her baby and 45 days after delivery. If she travels to the Washington D.C. area and desires to work at the Department during this time, a short-term detail in the employing bureau or in another bureau may be possible through the employing bureau's Executive Director and Human Resources officer. If the pregnant employee works a short-term detail in the Department, she will be considered on work status without charge to leave, and M/MED will continue to authorize per diem.

16. Child Care for Siblings

An employee in the United States for childbirth may be eligible for assistance through the Department's Child Care Subsidy Program with the cost of care of eligible children who accompanied the employee from post. Family income must qualify and care must be provided at licensed facilities. Program requirements are found at <http://intranet.hr.state.sbu/Workforce/EmployeePrograms/Pages/ChildCareSubsidyProgram.aspx>.

17. Birth Certificate or Consular Report of Birth Abroad

The first step in bringing the baby to post after birth in the United States is obtaining the birth certificate. Hospitals typically start the paperwork. The process sometimes can be expedited if the employee/EFM explains the special circumstances (i.e., the baby cannot travel to post without a passport, which can only be issued with a birth certificate). It is advisable to obtain at least two certified copies of the birth certificate, one to be used for passport processing.

In the case of a child born overseas to a U.S. citizen parent/parents, the parents should apply for a Consular Report of Birth Abroad of a U.S. citizen (CRBA) and for a U.S. passport at the Consular/ACS Unit in the country of birth. The CRBA is the U.S. record of the birth abroad of a U.S. citizen. Under U.S. law, the CRBA is full proof of U.S. citizenship and, although not a birth certificate, it may serve as a birth certificate in the United States.

Note: In many countries, the ACS Unit has an appointment system for taking CRBA applications. Check with the ACS Unit at the applicable post about its scheduling requirements BEFORE the child is born. Parents still must obtain a local birth certificate, which must be submitted with the CRBA application.

People considering the use of assisted reproductive technology (ART) while abroad should consult the Department's website at http://travel.state.gov/law/citizenship/citizenship_5177.html.

18. Adding the New Baby as a Dependent

The new baby must be listed as a dependent in HR's Family

Management System. It is crucial that this process be started as soon as possible after the baby is born so that the parents can apply for a passport.

In the United States, as soon as the baby is born, the employee or eligible family member should acquire a statement of birth from the hospital and fax it (202-663-0449) or scan and email it to the HR/EX Assignment Technician (HR-EX-ASU@state.gov) along with a copy of the signed OF-126 Foreign Service Residence and Dependency Report (to update the OF-126, please see the instructions below). Proceeding as quickly as possible is important. A copy of the birth certificate may be sent instead -- and must be submitted when it becomes available -- but acquiring and sending it takes longer; a hospital statement of birth is sufficient until the birth certificate arrives. When the HR/EX Assignment Technician receives the copy of the statement of birth or birth certificate, he or she will enter the baby into the employee's records.

Foreign Service Residence and Dependency Report:

The employee must add the newborn to the employee's records by submitting a revised OF-126 (Foreign Service Residence and Dependency Report).

Employees with access to OpenNet should follow these steps:

1. Access "GEMS Self-Service" via HR Online/HR Portal.
2. Once in GEMS, click the OF-126 link.
3. Click the "Submit a New Form" below the "OF-126" heading, if you have never submitted an on-line OF-126. Otherwise, click "View Previous" to make changes to a previously submitted on-line OF-126.

For employees without access to OpenNet:

Paper copies of OF-126 forms are permitted when employees do not have access to OpenNet. (Forms are available on the Internet at:

http://search.state.gov/search?q=OF-126&site=state_en_stategov&client=state_en_stategov&output=xml_no_dtd&proxystylesheet=state_en_stategov&filter=0&entqr=3&lr=lang_en&oe=utf8&ie=utf8&getfields=*.) Parents in the Washington, DC, metropolitan area may complete the OF-126 and deliver the document (check with the HR/EX Assignment Technician for directions). Parents in other locations may fax it (202-663-0449) or scan or email it to the HR/EX Assignment Technician (HR-EX-ASU@state.gov).

DS-1640 (Request for Passport Services): After the HR/EX Assignment Technician has received a copy of a statement of birth or birth certificate and the signed OF-126 Foreign Service Residence and Dependency Report from the employee, he or she will generate form DS-1640, approximately a two-day process, and will email it (or, if the parent prefers, will fax it) to the applying parent for submission with the application for an official or

diplomatic passport. The employee must keep in touch with the HR/EX Assignment Technician to make sure that the DS-1640 form has been forwarded promptly.

19. Passport and Visa

In order to travel to the post of assignment, the baby must have the same type of passport (diplomatic or official) as the employee. In many cases the baby will also need a visa to travel to post. The baby cannot travel on the parent's passport. Parents should act as quickly as possible to secure a diplomatic or official passport and visa for the baby once the child is born. (The Employee Services Center (ESC), Room 1252, Harry S Truman Building (HST), hours: 9:00 a.m. to 2:45 p.m. provides both visa and passport services to employees and their dependents. See below for additional guidance, including procedures for parents outside of the Washington metropolitan area.)

Per diem will not be authorized for non-medical reasons beyond 45 days after discharge from the hospital after delivery. Parents should have contingency plans in place in case they do not receive the passport and visa within this time frame.

A passport and visa can be obtained BEFORE the medical clearance is granted and BEFORE the newborn is added to the employee's travel orders, as long as there is verification that the child has been added to the sponsor's dependency report (see paragraph 18). Parents should begin this process as soon as possible after the birth of the child. Parents must not wait until the baby is on their travel orders before applying for the passport.

See the full instructions for applying for an official or diplomatic passport at <http://intranet.ca.state.gov/passports/customerservice/17352.aspx>.

Information and assistance on applying for diplomatic or official passports and visas is also available by e-mail to CA-PPT-SIA-Diplomatic-Passports@state.gov and CA-PPT-SIA-VISA-UNIT@STATE.GOV or by phone at 202-955-0198.

Children under age 16, including newborn babies, must appear in person when applying for a passport, including when applying for a diplomatic or official passport. In general, both parents must appear together with the baby when applying for the baby's passport. If both parents are not available, then the absent parent must submit notarized, written consent on form DS-3053 with a photocopy of the absent parent's valid photo ID (front/back), which gives permission to the present parent to apply for the child.

State Department employees applying for a passport for a newborn baby must also submit Form DS-1640 (Request for Passport Services) issued by the HR/EX Assignment

Technician (see paragraph 18). The DS-1640 must be issued by the HR/EX Assignment Technician; it cannot be generated by the applicant, the consular section, or post's HR unit. A diplomatic passport or official passport will be issued by the Special Issuance Agency in Washington, D.C.

Babies Born Abroad

Passport: At the same time the parents apply for the newborn's CRBA (see paragraph 17), they also should submit an application for an official or diplomatic passport for the newborn. The consular section will forward the application for a diplomatic passport or official passport to the Special Issuance Agency in Washington, D.C. The passport will be returned to the consular section by express mail. If the parents also apply for a regular passport, it will be issued separately.

For ACS Units: The processing of diplomatic passport applications from overseas is usually expedited, especially in urgent situations. To ensure that the application is flagged and processed as quickly as possible, the ACS unit must notify the Special Issuance Agency via e-mail at CA-PPT-SIA-Diplomatic-Passports@state.gov that the application is being shipped and provide the courier service tracking number.

Visa: If the baby was born in the employee's country of assignment, the parents should work through Post's Management Section to determine how to obtain the proper host country visa/residency permit.

If the child was born in a third country, the Management Section in the employee's country of assignment should consult with the Management Section in the country of birth to determine if the country of assignment will require the child to have a visa, and if the required visa can be obtained in the birth country.

In many cases, the Embassy Management Section in the country of birth will be able to obtain a visa for the child. In other cases, the Embassy Management Section in the country of assignment will be able to arrange an airport visa or a visa waiver.

If a visa is required, but cannot be obtained overseas, parents should follow the guidance on visa applications for babies born in the United States.

People considering the use of assisted reproductive technology (ART) while abroad should consult the Department's website at http://travel.state.gov/law/citizenship/citizenship_5177.html.

Families in the Washington Metropolitan Area

For fastest service, apply in person at the Special Issuance Agency, 1111 19th Street, NW (SA-17), Suite 212, from 9:00 a.m. to 4:00 p.m. Monday through Friday (202-955-0198). SA-17 is convenient to the Dupont Circle, Farragut North, and Farragut West Metro stations. There is commercial parking in the basement. Generally one to two weeks are required to issue a diplomatic passport. (Note: the Special Issuance Agency will move in Fall 2013. Check http://travel.state.gov/passport/npic/agencies/agencies_903.html for the current address.)

Passport applications also may be submitted in person at the passport desk of the Employee Services Center (ESC), Room 1252, Harry S Truman Building (HST), hours: 9:00 a.m. to 2:45 p.m. This option adds two to three days to the processing time.

Additionally, passport applications (not visa applications) are accepted at the Foreign Service Institute (FSI) on Tuesdays from 9:30-11:30 a.m. and 12:15-2:00 p.m. in Room E5125. This option adds a week to the processing time. For visas, parents should follow the guidance on visa applications for Babies Born in the United States.

Families Outside of the Washington Metropolitan Area

An application for a diplomatic or official passport may be submitted at any regional passport agency across the United States (See the list at http://travel.state.gov/passport/npic/agencies/agencies_913.html .) The application will be forwarded to SIA for adjudication. The passport will be returned by express mail to the mailing address listed on the application form. Allow three to four weeks for processing and transit time. Additional time may be needed to allow for visa processing.

If the parents are not able to apply for a diplomatic or official passport at a regional passport office, they may submit their passport application at any one of thousands of post offices, clerks of court, public libraries, and other state, county, township, and municipal government offices authorized to accept passport applications. To locate the nearest of these passport acceptance facilities, see <http://iafdb.travel.state.gov/> .

If applying at an acceptance facility, parents should e-mail CA-PPT-SIA-Diplomatic-Passports@state.gov to obtain a "no-fee" letter that instructs the passport acceptance agent to waive the regular passport application fee and instructs the agent to forward the passport application to the Special Issuance Agency. Note: Passport Application Acceptance Facilities will charge a \$25 execution fee. This \$25 fee may be claimed as a travel expense on the baby's travel voucher.

Parents must provide the acceptance agent with a stamped express mail envelope. The envelope should be addressed to:

Special Issuance Agency
 1111 19th St., N.W. Suite 200
 Washington, D.C. 20036
 Attn: Diplomatic Branch - Newborn - Expedite
 (Note: the Special Issuance Agency will move in Fall 2013.
 Check
http://travel.state.gov/passport/npic/agencies/agencies_903.html for the current address.)

Parents must tell the acceptance agent that they need the express mail tracking number in order to track the envelope. To ensure rapid processing, parents should send an e-mail to CA-PPT-SIA-Diplomatic-Passports@state.gov, alerting SIA that a newborn's application is en route and providing the tracking number. Generally, one to two weeks are required to issue a diplomatic passport.

Parents may also apply at any regional passport office or authorized passport acceptance facility for a regular (tourist) passport, which may be issued in approximately four to six weeks. Urgent cases can be processed quickly but require payment of an additional fee to expedite. Please see
http://travel.state.gov/passport/fees/fees_837.html for fee information.

 Visas in the United States

Visa information for holders of diplomatic and official passports is available at
<http://intranet.ca.state.gov/passports/customerservice/18081.aspx> (OpenNet) or
http://travel.state.gov/travel/requirements/specialissuance/specialissuance_5339.html (.gov and .mil computers).
 Parents who are not able to access these websites should send an e-mail requesting information on visa requirements for newborns to CA-PPT-SIA-VISA-UNIT@STATE.GOV.

Parents should keep in mind that in order to apply for a visa for the child, the baby's passport has to be signed by one of the parents. This requirement means that applicants outside of the D.C. area first must apply for the baby's passport and have it sent to them at the address where they are staying. To proceed with a visa request, one parent must sign the passport and return it by express mail (or, if in the Washington, D.C., area, deliver it) to the Special Issuance Agency along with the PCS/TDY InfoGuide, PCS TM cable or DS-1640, visa application, and photos (if required). The passport and visa application should be addressed to:

Special Issuance Agency (Attn: Visa Section - Newborn - Expedite)

1111 19th St., N.W. Suite 200

Washington, D.C. 20036

(Note: the Special Issuance Agency will move in Fall 2013. Check

http://travel.state.gov/passport/npic/agencies/agencies_903.html for the current address.

The sponsoring parent will need to submit a copy of the passport data page and diplomatic visa contained in his or her own passport along with the fully-completed PCS/TDY InfoGuide located at <http://intranet.ca.state.gov/passports/customerservice/18081.aspx>.

To flag a visa application for expedited processing once it is mailed, parents must send an e-mail to CA-PPT-SIA-VISA-UNIT@state.gov to alert the agency that it is on its way, providing the tracking information. The Special Issuance Agency will forward the application to the appropriate embassy of the country of assignment.

Each embassy has its own processes for issuing diplomatic and official visas. The Department of State cannot expedite the process by which foreign embassies do their work. For planning purposes, parents can find an estimate of the visa processing time of different countries by checking the websites listed above or by contacting the Visa Unit at CA-PPT-SIA-VISA-UNIT@state.gov.

20. Medical Clearances

M/MED cannot medically clear the baby of a Department of State employee until the HR/EX Assignment Technician receives a new OF-126 and enters the infant into the system. This enrolls the new baby as an eligible family member in the Department of State Medical Program. All other agencies must fax a Memorandum of Eligibility to M/MED/MR at 703-875-4850.

M/MED provides medical clearance services for all agencies that participate in the Department of State's Medical Program. A medical clearance may be granted after the mother's obstetrician and baby's pediatrician provide M/MED/FP (Foreign Programs, telephone: 202-663-1662) with necessary medical information to accomplish the clearance action. For STATE, USAID, Foreign Commercial Service, the Foreign Service Corps of USDA, and BBG, the pediatrician must fully complete Form DS-1622 (Medical History and Examination for Foreign Service for Children Under 11 years). For all other agencies, the pediatrician must complete a Form DS-6561. This must be done when the baby is a minimum of four weeks of age. If not on MEDEVAC, the employee has 90 days to submit the medical exam for clearance.

The completed form must be faxed to M/MED/FP at 202-663-3247 if the mother is on MEDEVAC. If the mother is not on MEDEVAC, the form must be faxed to M/MED/MR at 703-875-4850.

Once the baby is medically cleared, M/MED/FP will notify the HR/EX Assignment Technician, who can then amend the employee's travel order to include the newborn. This does not apply to infants born at post. If the employee does not have access to OpenNet, he or she may contact the HR/EX Assignment Technician, provide the Technician with a personal email address, and a copy of the travel authorization will be sent to the employee. The employee must send a copy of the amended travel order to the Travel Management Center (TMC), CWT/SATO Travel via email at DOSTA@cwtsatotravel.com to acquire airline tickets.

21. Medical Records

Employees/eligible family members are reminded to hand-carry or fax pertinent medical records to the responsible physician at post for appropriate follow-up.

22. Return Travel

The newborn baby requires an airline ticket to return to post. Travel to post may take place only after medical clearances have been issued (MEDEVACed mothers and their infants are cleared by M/MED/FP) and after the HR/EX Assignment Technician has provided the employee a copy of the amended travel order. The employee or EFM may then call the TMC (1-866-654-5593) in the Harry S Truman Building (HST) for reservations for the mother and baby or visit the TMC, Room 1243, HST. The TMC will notify the employee via the employee's email on record when the airline tickets are electronically ticketed.

23. Travel Vouchers

Employees are responsible for keeping track of travel voucher expenses. Vouchers must be completed by Department of State employees and submitted within seven workdays following completion of travel as required by 4 FAH-3 H4651.1-1a. Employees in Washington should submit the travel voucher to the Office of Medical Services (L-209, SA-1). Employees at post should submit the voucher to the section that handles travel vouchers (generally the GSO or FMO sections).

Within 10 workdays following receipt of the completed travel voucher, post is requested to report to M/MED/EX the dollar amount of transportation, per diem, taxi, and miscellaneous expenses claimed on the voucher.

24. Recap: Chronology of Administrative Steps for Birth of Child in the United States.

Below is list of the steps involved when an employee or family member returns to the United States for the birth of her baby. Note that an employee may make layette shipment arrangements through HR 120 days before or no later than 60 days after the birth of the child.

--Post sends M/MED/FP telegram requesting authorization

for MEDEVAC. (See paragraph 8.)

--MED sends telegrams authorizing MEDEVAC and fund sites for travel. (See paragraph 8.)

--Employee follows instructions in MEDEVAC authorization telegram regarding letter of authorization for hospitalization (DS-3067), medical insurance, processing and reimbursement of medical claims, medical clearance information, etc. (See paragraph 8.)

--Expectant mother carries required information/documents with her to United States. (See paragraph 12.)

--Upon arrival, mother immediately contacts M/MED. (See paragraph 13.)

--Mother notifies insurance company prior to admission to give birth and follows other health insurance guidance (see paragraph 14).

--After the birth, parent immediately requests statement of birth from the hospital and scans and emails or faxes it or a birth certificate to the HR/EX Assignment Technician along with signed OF-126 (FAX: 202-663-0449; email: HR-EX-ASU@state.gov.) (Parents in the Washington metropolitan area may deliver the documents; check with the HR/EX Assignment Technician for directions.) Parent also requests at least two certified copies of the birth certificate. Although a birth certificate may be sent to the HR/EX Assignment Technician instead of a statement of birth, it takes longer to acquire. (See paragraphs 17 and 18.)

--HR/EX Assignment Technician adds baby to employee's records. (See paragraph 18.)

--HR/EX Assignment Technician emails Form DS-1640 (Request for Passport Services) to the parent (or, if the parent prefers, faxes it). (See paragraph 18.)

--Parents in Washington area may apply in person for the passport at the Special Issuance Agency (SIA). (See paragraph 19.)

--As soon as possible, parents outside of Washington metropolitan area should present the completed passport application package to a regional passport office or an authorized U.S. passport acceptance facility (such as a local post office, or clerk of the court), including a stamped express mail envelope addressed to Passport Services. Ask for the express tracking number to facilitate tracking of the envelope to Passport Services. Notify the SIA by email (CA-PPT-SIA-Diplomatic-Passports@state.gov) that the application is on its way, providing the tracking number. (See paragraph 19.)

--A personal appearance of the baby is required and both parents must be present when applying for a passport. If both parents are not available, then the absent parent

must submit notarized, written consent on the DS 3053 form with a copy of his or her identification (front/back) giving permission to the parent who is present to apply for the child. (See paragraph 19.)

--The SIA mails the passport to the parent at address where he or she is staying. (See paragraph 19.)

--For visa, parent signs passport and returns it by express mail (or delivers it) to the SIA along with the visa application, required photos, copy of the data page and diplomatic visa in the sponsor's diplomatic passport, and copy of the DS-1640 form. Parent emails SIA at CA-PPT-SIA-VISA-UNIT@state.gov to alert them that the visa application materials are on the way, providing tracking information. (See paragraph 19.)

--When baby is at least four weeks old, pediatrician examines infant, completes DS-1622 (Medical History and Examination for Foreign Service for Children under 11 Years), and faxes it to M/MED/FP at 202-663-3247 if the mother is on MEDEVAC or to M/MED/MR at 703-875-4850 if she is not. (See paragraph 20.)

--MED clears baby and notifies HR/EX Assignment Technician. (See paragraph 20.)

--HR/EX Assignment Technician amends employee's travel order to include the newborn. If the employee does not have access to OpenNet, he or she may contact the HR/EX Assignment Technician, provide the Technician with a personal email address, and a copy of the travel authorization will be sent to the employee. The employee provides a copy of the amended travel order to the Travel Management Center (TMC). (See paragraph 20.)

--Employee or EFM calls the TMC (1-866-654-5593) for reservations (or may visit Room 1243 at HST). (See paragraph 22.)

--The TMC notifies the employee via the employee's email on record when the airline tickets are electronically ticketed. (See paragraph 22.)

--Employee completes travel voucher within seven workdays following completion of travel. (See paragraph 23.)

--Post reports expense data to M/MED/EX within 10 workdays following receipt of completed travel voucher. (See paragraph 23.)

25. Minimize Considered.

Kerry

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