**HHT / DIT Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 – To be completed by Member** | | | | | | | | | | | | | | | | | |
| First HHT | | Second HHT | | | Unaccompanied HHT | | | | | | | | DIT | | | IPR HHT | |
| Move Number: | | | | | | | | | Rank & Name: | | | | | | | | |
| Service Number: | | | | | | | | | Unit: | | | | | | | | |
| COS Date: | | | | | | | | | Posted to: | | | | | | | | |
| Authority (message) | | | | | | | | | Current Address: | | | | | | | | |
| Distance – old to new place of duty: | | | | | | | | |
| Anticipated vacate date of current residence: | | | | | | | | | | | | | | | | | |
| Approved HHT / DIT Dates from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Leave approved in conjunction with HHT/DIT for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Travel arrangements must encompass the entire period:  Departure Date to New Place of Duty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_, flights booked to coincide with this date.  Departure Date to Return to Old Place of Duty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_, flights booked to coincide with this date.  Note: It is understood the HHT/DIT approval encompasses the final day of HHT/DIT expenses when travel is over multiple days. Expenses during leave are not reimbursed through the CAF RP. | | | | | | | | | | | | | | | | | |
| Traveling alone | | | Accompanied by spouse | | | | | | | | And/or children | | | | | | |
| Travel options (check which one applies) | | | | Air | | | | PMV | | Train | | | | | Bus | Rental Car | |
| Additional days (applies to HHT only): I will require additional days as per the CF IRP directive. | | | | | | | | | | | | | | | | | |
| I am aware of my CF IRP directive entitlements and I hereby apply for a(n) . If there are any changes to this application, I will ensure BGRS is notified immediately.  I am responsible for obtaining permission to live outside the geographical boundaries of the area I am posted to. | | | | | | | | | | | | | | | | | |
|  |  | | | | |  |  | | | | | | | | | |  |
|  | Member Signature | | | | |  | Date | | | | | | | | | |  |
| **Section 2 To be completed when HHT/DIT is within Canada** | | | | | | | | | | | | | | | | | |
| I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to conduct a(n) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Note 1: Travel dates to include the travel day the Member arrives back to their residence after HHT/DIT completed.  Note 2: Except for IPR moves and HHT/DIT conducted by the spouse and/or dependant(s) on behalf of the member.  I hereby authorize TD at the same location before/after the HHT/DIT. Member will be on TD at HHT/DIT location for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(before/after HHT/DIT dates).  Note 3: TD Message/Claim/Authorization must be provided by Member with this application to book travel. Expenses before/after HHT/DIT are not reimbursed through the CAF RP. | | | | | | | | | | | | | | | | | |
|  |  | | | | |  |  | | | | |  | |  | | |  |
|  | Commanding/Delegated Officer Signature | | | | |  | Date | | | | |  | | Unit | | |  |
| **Section 3 To be completed when HHT/DIT is outside Canada** | | | | | | | | | | | | | | | | | |
| Authority is required from the Gaining Support Unit prior to proceeding on HHT/DIT outside Canada.  Prior to obtaining approval/signature of the losing unit Commanding/Delegated Officer, attach either a copy of the message authorizing the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or the gaining unit approval/signature as per below.  I hereby approve the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | |
|  |  | | | | |  |  | | | | |  | |  | | |  |
|  | Commanding/Delegated Officer Signature | | | | |  | Date | | | | |  | | Gaining Unit | | |  |

**Upon completion, upload to the “Documents” section on your BGRS Member Secure Website under “Origin”**