**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”**