USAREUR INTER- OR INTRA- THEATER CONSECUTIVE OVERSEAS TOUR (ITT-COT) REQUEST

| Subject: Request For ITT/COT DATE: 15 JUNE 2010 | | |
|--|---|--|
| 4 Officer requirements | ✓ Intra-Theater COT | ☐ Inter-Theater COT |
| 1. Officer requests: 2. Name: | - | Inc. medic cor |
| 3. Rank: | SMITH, JANE D. | |
| 4. Branch: | FA | |
| | 13Z | |
| 5. Control Specialty:6. Officer's Current Unit/ | | THAA / GRAFENWOEHR / 172D IN BDE |
| UIC/Community/MSC: | | |
| 7. Requested Unit/UIC/ | HHB. 1-77 FA / WJTNT0 | / SCHWEINFURT / 172D IN BDE |
| Community/MSC: | | |
| 8. Requested Rpt Date: | 1 AUG 10 | |
| 9. Officer accepted in new | JOHN S. DOE | Note: Acceptance memo is |
| unit by: | LTC, FA Commanding | only required if moving from one MSC to another. |
| 10. Marital Status: | MARRIED | |
| 11. Type Tour: | Accompanied | Unaccompanied |
| 12. EFMP (Y/N) | Yes ✓ No | If yes, officer must provide The rom 5888 |
| | | and be cleared for new location. |
| 13. Date Arr from CONUS: | 5 March 2002 | |
| 14. Current DEROS: | 1 July 2012 | |
| 15. # Months waiver | | |
| requested off 1st Tour: | N/A | Officers Signature (file copy) |
| 16. # Months waiver | _ | - Cimeore eignature (ime espy) |
| requested off 2d Tour: | 0 | |
| 17. Requested DEROS: | 1 August 13 | |
| 18. On Al from HRC: | Yes | ☑ No |
| 19. Co Cdr Recommends: | Approval | Disapproval |
| | s have verified that the | ne applicable EFMP paperwork has |
| been submitted to the theater Family Travel office. | | |
| 20. Bn Cdr Recommends | ✓ Approval | Disapproval |
| 21. Bde Cdr Recommends: | Approval | Disapproval |
| 00 Name (DOON of OO/OO | OSCAR MEYER | Note: Only required if a waiver |
| 22. Name/POSN of O6/GO | COL, IN | off of either tour is requested. |
| Recommending Approval: | Commanding | |
| | | L |
| 22. MSC Recommends: | ✓ Approval | Disapproval |
| Unit/MACOM Comments | | |
| SM WILL BE FILLING CRITICAL S3 | | LD ARTILLERY (SCHWEINFURT, |
| GERMANY). (JUSTIFIED REASON |) | |
| | | |
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| 23. USAREUR/7A Recommen | ndation/ Decision: | Approval Disapproval |
| Comments | | |
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| 24 DA Dacioiana 🗔 | □ D: | noc. |
| If < 6 months to DEROS for Intra-Theate | Disapproved COTs: or for all Inter-Theater | POC: |
| | _ | |
| Template date: 1 Oct 08 | 1 | |