## PREMIUM CLASS AIR TRAVEL (BUSINESS CLASS) CERTIFICATION

*Note: A copy of this memorandum must be attached to the E2 Travel Authorization requesting Premium Class Air Travel.*

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| **Privacy Act (e)(3) Statement**  **Authority:**5 U.S.C. 301, Departmental Regulations; 5 U.S.C. Ch. 57, Travel, Transportation, and Subsistence; 22 U.S.C. Ch. 32, Foreign Assistance, Subchapter I, International Development; and 22 U.S.C. § 4081, Travel and Related Expenses.  **Purpose:**  To manage requests for premium-class air travel exceptions for USAID direct-hires and their dependents, Personal Services Contractors (PSCs), consultants and personnel from other government agencies on detail to USAID. **Routine Uses:**The personal information requested on this form will be used by USAID travel officers to determine eligibility for premium class air travel accommodations. Pursuant to Privacy Act System of Records Notices USAID-19 and USAID-34, USAID will disclose this information only to external entities that have the legal authority to maintain the information such as members of Congress, federal law enforcement agencies, the U.S. Department of State, the U.S. Treasury for payments, and U.S. Despatch Agents for shipment and clearance of effects. USAID may also share the information with commercial travel, transportation, and shipping companies for making travel, transportation, and shipping arrangements as well as with foreign governments and international agencies as appropriate. **Disclosure:**Disclosure of your personal information is voluntary, but failure to provide certain information may result in the denial of your request for premium class air travel. Please refer to ADS 522 for guidance. | | | | | |
| **Name: (Traveler)** | | **Office Symbol:** | | **Phone Number:** | |
| **Date(s) of Travel: (MM/DD/YYYY) TO (MM/DD/YYYY)** | | **Origin:** | | | |
| **Destination:** | | **Carrier:** | | | |
| **Cost: Premium Class:**  **$****Coach Class: $****Cost Difference: $** | | | | | |
| **Premium Class Air travel is requested based on the following criteria checked below:**  **(Select below)** | | | | | |
|  | **Scheduled flight is in excess of 14 hours. (See ADS 522.3.19.1).** |  | **Security purposes make the use of premium class air travel accommodations essential to the successful performance of the Agency’s Mission. Mission Director, Office of Security or MD/RSO must clear here:** | | |
|  | **Medical evacuation travel. (Authorized by State/MED in consultation with foreign service medical provider).** |  | **Economy plus travel seating in lieu of premium class air travel.** | | |
|  | **Premium class air travel necessary to accommodate a traveler’s disability. (Letter from the Disability Review committee must be attached to the TA).** |  | **Use of premium-class accommodations would result in an overall cost savings to the government, due to unavailability of economy class air accommodations.** | | |
|  | **Special physical need. (See ADS 522.3.19.1d) (Medical statement provided and retained by the supervisor).** |  | **Transportation costs paid by a non-Federal Source.**  **GC/EA or RLA clearance**       **Date** | | |
|  | **Regularly scheduled flights between origin/destination points. (Including connecting points) that provide only premium class air travel accommodations.** |  | **The traveler pays for the upgrade to premium class travel. Use of frequent flyer travel benefits (arrangement worked out between the employee and the respective airline).** | | |
|  | **Space is unavailable in coach class accommodations and the traveler must accomplish an urgent mission that cannot be postponed.** |  | **Other (explain):** | | |
| **Note: Provide specific details in the space below (maximum 500 characters):** | | | | | |
| **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, where applicable?**  **Provide explanation below: Note: if explanation is longer than 125 characters, please attach a separate sheet with the explanation.** | | | | | |
| **Approvers Name, Signature and Date: (Administrator, Deputy Administrator or their designees must**  **approve for Assistant Administrators and Heads of Independent Offices)** | | | | |  |
| **Approvers Name, Signature and Date: (Assistant Administrator or Office Director must approve for**  **Deputy Assistant Administrators or Deputy Office Directors)** | | | | |  |
| **Print Name, Date, Signature and Title of Supervisor:** | | | | |  |

**\*Note: All authorized segments of Premium Class Air travel (business class) must justified in E2 on the TA.**