

**DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON BAVARIA
UNIT 28130
APO AE 09114-8130**

**CONSECUTIVE OVERSEAS TOUR (COT)
STATEMENT OF UNDERSTANDING**

1. My signature below serves as official acknowledgement that I understand my authorized Consecutive Overseas Free Home Tour travel entitlement.

2. My initials next to the following items indicate my understanding:

_____ A. I understand that my Command Sponsored Family Members, if any, are entitled to COT Leave Free Home Travel to my Home of Record (HOR) or an alternate place to which transportation is no more expensive than to the HOR. **(COT travel cannot be used as Student Dependent Travel).**

_____ B. I understand that the COT travel entitlement must be taken after the completion of the old DEROS and not to exceed the new DEROS date.

_____ C. I understand that IAW JFTR Para U7200 and AR 600-8-10 Para 4-17, if I traverse CONUS to complete the PCS move, there is no personal deferment allowed. Only losing/gaining Commanders may authorize a deferment for military necessity. I also understand this must be done prior to my departure from the losing command. If this is done, the COT travel deferment will be on the **PCS orders and the DA Form 31** and my orders will state the reason for the deferment.

_____ D. I understand that IAW JFTR para 7200, if my deferred COT travel is approved, then this entitlement must be completed prior to the completion of my new tour. Otherwise, COT travel entitlements will expire.

_____ E. I understand that I must keep my chain of command and the MPD Reassignment's Section aware of any situations that could prevent me from complying with this entitlement. Failure to keep the above parties informed on any situation which could prevent me from complying with these assignment instructions may result in delay or disapproval of any subsequent requests initiated by me.

3. Currently _____ **I DO**/_____ **DO NOT** have any situations that could prevent me from complying with these Free Home entitlement instructions.

4. Currently _____ **I DO**/_____ **DO NOT** have a dependent who is eligible for Student Travel entitlements.

5. My Home of Record (HOR) is (list City, State and Zip code) _____

6. Check one:

I plan on using my COT travel entitlements enroute to my new duty station.

I plan on deferring my COT travel entitlements and understand that my DA31 must reflect this in the remarks block.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____