

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

CLEAR FORM

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

1. My signature below serves as official acknowledgment 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 is normally used between two tours of duty and must be taken after the completion of the old tour unless I elect to defer my travel entitlement.

_____C. I understand that IAW AR 600-8-10 Para 4-8, if COT leave travel is deferred, I must travel directly from the old PDS to the new PDS. No leave or other absence may be authorized enroute except for 4 days to drop off and/or pick up dependents if they are residing at an approved designated location. If this is done, the COT travel deferment will be indicated on the PCS orders and **I will indicate such on the Absence Request.**

_____D. 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.

_____E. I understand that if I defer my COT travel entitlement I must present my PCS orders and Absence Request to my gaining MPD to receive COT 405 orders which will allow me to use my entitlement.

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 Absence Request must reflect this in the remarks block.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____