DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

OFFICE SYMBOL [DATE]

MEMORANDUM FOR [First General Officer or SES in Chain of Command]

SUBJECT: Request Waiver to DoD Movement Restrictions

1. References.

a. Memorandum, Secretary of Defense, Transition to Conditions-based Phased Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions, 22 May 2020.

b. ALARACT 054/2020, Consolidated Personnel Policy Guidance in Support of Conditions-Based Phased Approach to Army Wide Preparedness and Response to Coronavirus Disease 2019 Outbreak, 12 June 2020.

2. The below traveler requests a waiver to DoD movement restrictions. The traveler has been instructed to proceed in the most direct route and follow Force Health Protection guidance measures.

a. Traveler(s) Name: [First, MI, Last, (last 4)]
b. Type of travel: PCS/TDY
c. Departure Location:
d. Travel Destination:
e. Intermediate Location(s):
f. Associated Locations with Travel Restrictions:
g. Projected Departure Date:
h. Projected Arrival Date:

3. The waiver is requested because [describe hardship, humanitarian reason, or mission essential designation].

3. Point of contact for this memorandum is XXX at XXX-XXX-XXXX or @MAIL.MIL.

Signature Block
[Refer to AR 25-50]