

## FULLTIME/PENINSULA/VESSEL DEPLOYMENT

**This form ensures the deployment is approved and budgeted.  
Please obtain a supervisor's signature before submitting to ASC Travel.**

Name: _____ <i>(exactly as it appears on passport)</i>  Business Phone: _____  Teammate: _____  Supervisor: _____	Today's Date: _____  ASC Charge Code(s): _____  _____  _____
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Mailing Address, if you are not deploying from the Denver office:  _____  _____  _____	Cell: _____  Home: _____  Email(s): _____  _____  _____
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AOD	To CHC or PUQ?	Depart Date from AOD	Ice Date or Cruise #	Requested Departure Time Earliest/Latest	Any TDY Going South?	Redeploy Date or Return Cruise #	Any TDY Going North?
				:	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
				:	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
				:	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
				:	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
				:	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N

**Double Deploying?**  Check here if you plan on another trip to the Ice this season, even if you do not know the details.

**Personal Travel or TDY** (TDY must be pre-approved to schedule hotels, workspace, payroll, etc. Use *CHC-FRM-0001*.)

Personal Travel Dates (no pre-deployment personal travel in FY23): \_\_\_\_\_

Contact info, if any: \_\_\_\_\_

TDY Dates (must be approved by the Senior Leadership Team): \_\_\_\_\_

Dietary Restrictions:	Freq Flyer 1: Airline _____ FF # _____  Freq Flyer 2: Airline _____ FF # _____  Freq Flyer 3: Airline _____ FF # _____  TSA/Global Entry #: _____
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Hotels are assigned; all hotel rooms in New Zealand and Chile are non-smoking.

Hotel Check-In Date: \_\_\_\_\_ Check-Out Date: \_\_\_\_\_

Room Type:  1 Bed  2 Beds

Hotel Roommate (opt): \_\_\_\_\_

No Hotel Required:  Local contact phone number: \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Approval Date:** \_\_\_\_\_

*Submit to ASC Travel after obtaining approval. An email from the supervisor saying "approved" is accepted in lieu of a hard copy.*

