

Today's Date: _____

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: _____
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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
				:	<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. For NZ, use *CHC-FRM-0001*.)

Personal Travel Dates (no pre-deployment personal travel in FY24): _____

Contact info, if any: _____

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

Dietary Restrictions: <i>You are responsible for airline meal surcharges.</i>	United Freq Flyer #: _____ American Freq Flyer #: _____ Delta Freq Flyer #: _____ 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.