



**GLOBAL**  
**TALENT**  
MANAGEMENT



# NEW PARENTS SERVING OVERSEAS

OBSTETRICAL MEDEVAC<sup>1</sup>

# Congratulations on your pregnancy!

The New Parent Guide (formerly the Pregnancy Guide) was developed for employees, including Eligible Family Members, who are posted abroad and considering whether to deliver their baby in the United States or overseas.

While the Bureau of Medical Services (MED) strongly encourages all pregnant women to deliver in the United States, where standards of care are monitored and enforced, other choices are available.<sup>2</sup>

This edition of the Guide includes the implementation of the Federal Employees Paid Leave (FEPLA) for births<sup>3</sup> occurring on or after October 1, 2020. See [3 FAM 3530 FMLA and Paid Parental Leave](#). This benefit is provided to the birth and non birth parent. FEPLA is a component of the existing Family Medical Leave Act (FMLA). Under FMLA, employees are entitled to 12 weeks of unpaid administrative leave per 12 calendar months for purposes of pregnancy, childbirth and bonding with a healthy baby. Starting October 1, 2020, 12 weeks of **paid** parental leave may be substituted for FMLA leave for the birth of a child. Paid parental leave may also be used in combination with accrued sick and/or annual leave. Employees receiving paid parental leave under FMLA continue to be eligible for the Shared Voluntary Leave Programs. (See section 1.4. for details about FEPLA). There is also new policy regarding the continuation of per diem for employees who invoke paid parental leave under FMLA while in training at FSI on post-to-post orders. (see Section 1.5.2)

**Although the focus of our Guide is childbirth overseas involving obstetrical care, the new Paid Parental Leave under FMLA also provides 12 weeks of paid leave for adoption and foster care placements.**

Regardless of where you plan to give birth, the information in this guide is still important to review. It provides information to aid you before, during, and after your medical evacuation (medevac). It covers: payment for medical expenses; types of leave, obtaining a diplomatic passport and visa for your child; allowances and per diem; and other topics related to an obstetrical medevac.

We hope this Guide assists you in making the best decisions for you and your family. The contents may change periodically as new policies and procedures are developed. The newest version can always be accessed through the [GTM Leave Website](#).

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# 1. You're Expecting! Congratulations!

If you just found out that you are expecting, you likely have a number of questions going through your head: What should I do next? Where can I deliver my baby? Who will pay for my medical care? How does the new paid parental leave work under FMLA? What types of leave are available to me in addition to paid parental leave? What allowances will I keep and what will I lose? These questions will be addressed in this part of the Guide.

## 1.1 Onset of your pregnancy

At the very beginning of your pregnancy, schedule an appointment with the health unit or Regional Medical Officer (RMO) for guidance and arrangements regarding your prenatal care overseas. Notifying the RMO or health unit early allows them to better coordinate your prenatal care. You may wish to inform your supervisor early to permit time to plan for your upcoming prolonged absence. Per the American Congress of Obstetricians and Gynecologists (ACOG) Guidelines, MED recommends that every pregnant woman be offered prenatal screening for chromosomal abnormalities. The first trimester chromosomal screening should be performed between 10-13 weeks gestation. MED also recommends that pregnant women have an anatomical ultrasound at 18-20 weeks gestation. If these procedures are available at post, you must do them at post. If not, then you may choose to do them in your post's designated medevac destination, or in the United States on a cost-construct basis. So if you choose to travel to the U.S. for the screenings the travel and per diem rate is based on either the U.S. destination rate, or the overseas medevac rate, whichever is lower.

## 1.2 Where you can deliver your baby

### In the United States

MED strongly encourages all pregnant women to deliver in the United States, where standards of care are monitored and enforced.<sup>4</sup> If you choose to return to the United States for childbirth, you may wish to consider the post-birth administrative advantages of giving birth in the DC area: it is generally easier and faster to get your baby added to your orders, to apply for and receive their passports, and to take care of travel arrangements when you are able to personally visit the offices handling these issues.

It is, of course, possible to take care of the above tasks from outside of the Washington, DC, area. Family, social support, and existing relationships with healthcare providers are important considerations in selecting where to deliver your baby.

## Overseas

MED may approve travel to other overseas locations only to a post with a level of obstetrical and neonatal care that is both adequate and higher than that available in your country of assignment. You may also choose to deliver at your current post. Please consult with your Embassy Health Unit as early as possible, as delivering at post may not be advisable. In all countries, in the course of your discussions with your health unit, you will be asked to sign an acknowledgment of the State Department policy associated with an in-country or post-to-post medevac for delivery. It is extremely important to speak to your Health Unit or RMO early. In addition to the quality of medical care, they may also consider your family situation. For example, if you or your spouse is of German origin and you have family in Germany, this may be taken into consideration to support a medevac to Germany instead of London. RMO/MP will contact Med Foreign Programs and the RMO in the city where you wish to deliver. All three would need to agree to a post to post OB medevac. 16 FAM 315.2 c.

The State Department has established medevac centers in certain cities around the world, which serve as the designated medevac destination for posts with inadequate medical facilities. The amount and types of support available to you will vary depending on whether there is a medevac center at your intended destination.

Medevac centers have dedicated resources to assist you during your medevac and are more familiar with the entire medevac process. If you choose to deliver in a city without a medevac center, the medical provider at your post should discuss your plans with the RMO where you wish to be medevaced, and that RMO must agree to your medevac before it can be authorized. You will not receive logistics support from the Embassy Health Unit, including help finding lodging, doctors, and administrative support in submitting medical claims.

You should also consider whether your child would acquire U.S. citizenship at birth if born overseas. Children born in the United States acquire U.S. citizenship automatically. Children born overseas may or may not acquire U.S. citizenship, depending on the applicable law.

### **1.3 Who pays for your medical care<sup>5</sup>**

Payment for your outpatient prenatal care such as doctor's appointments, blood and other laboratory tests, and ultrasounds are your responsibility, but these charges are eligible for reimbursement for amounts not covered by your primary insurance if you were posted overseas while pregnant and were hospitalized for 24 hours or more for the delivery. Therefore, you should wait to submit claims for reimbursement of outpatient prenatal care to the State Department until after

your delivery. You should submit claims promptly to your primary health insurance for reimbursement and retain copies of these bills as well as your insurance company's "Explanation of Benefits" regarding these claims. MED recommends that you pay the full balance due after any insurance payments to your provider prior to submitting a claim for the balance to the State Department for reimbursement.

The U.S. government serves as the secondary payer for any hospitalization during your pregnancy, including delivery, if you have been posted overseas during any part of your pregnancy. This means after you have submitted a claim to your health insurance, and that company has paid what it will cover, the U.S. government pays remaining authorized expenses. Expenses not generally covered by the insurance company (such as private room, TV, telephone, etc.) will not be reimbursed.

The U.S. government does not act as the primary insurer. This means if your primary health insurance does not cover the hospitalization, or if you have no primary health insurance, the U.S. government pays nothing, and you are responsible for both inpatient and outpatient expenses.

To help cover medical costs, MED will send you a letter of authorization for hospitalization (Form DS-3067), Authorization for Medical Services for Employees and/or Dependents). For overseas delivery, your health unit at post must issue the DS-3067 before you travel to your overseas delivery destination. If you are delivering in the U.S., you must contact MED immediately after arriving at your U.S. medevac destination, either by calling the OB Medevac Coordinator at 202.663.1662 or email [MedForeignPrograms@state.gov](mailto:MedForeignPrograms@state.gov). Upon notification of your arrival, MED will send a packet of information and forms that you will need while on medevac, including the DS-3067.

This authorization names the State Department as the secondary payer after insurance and includes the costs of the hospitalization and outpatient services directly related to that hospitalization for one year *from the date of the first service rendered* for the pregnancy. Secondary payer coverage is limited to the scope of the underlying policy and the co-pay amounts not covered by primary insurers. If your insurance denies any payment, then DOS will also deny payment. Further, deductibles are not reimbursable.

The DS-3067 is primarily designed to cover you for delivery, and any complications

related to it. It provides authorization for costs related to hospitalization of your newborn post-delivery, but once your baby has been discharged it does not cover things like well-baby visits, etc. These costs should be borne by your primary health insurance, to which you should add your new baby. You should consult your own insurance for instructions on how to add your new baby. For more specific funding questions, contact [MEDClaims@state.gov](mailto:MEDClaims@state.gov).

If you deliver your baby in the United States, you are responsible for submitting claims for reimbursement for allowable charges (after your primary insurance has paid their portion of the bills) to MED/CLAIMS for payment. This should include Explanation of Benefits forms (insurance documentation explaining what they have paid), proof of your payment to the provider of any balance due, an itemized invoice, and a copy of the DS-3067. This hospitalization-related outpatient care extends for the period of one year from the date of the first service submitted for payment of medical care received in the medevac location. After delivery, you may submit claims as they come in. There are two ways to submit the claim:

1. Scan and attach to an email to: [MEDClaims@state.gov](mailto:MEDClaims@state.gov) (this is the preferred method)
2. Fax: 202-663-3858

If you deliver your baby overseas, when MED issues you a DS-3067, they will also create a fund cite at either your home post or post of delivery. You should submit your claims to your insurance the same as above. When your insurance company sends the reimbursement checks, you should sign them over to the finance office at the embassy to be applied to the fund cite. If the embassy pays any amounts on your behalf which end up not covered by your insurance and not eligible for reimbursement under the DS-3067, you will need to reimburse the embassy directly.

If the overseas medevac point is to a medevac center, then the health unit at the medevac point will provide administrative assistance. You should provide the Embassy's health unit or budget section with a copy of the DS-3067 to facilitate payment of hospital bills.

You may apply for an advance of allowable medical per diem before departure from post. Ask your post's Financial Management Office how to apply for this advance. You will need a copy of the fiscal data cable. Advanced funding to pay costs of hospitalization is not automatic for a post to post OB medevac. However, the authorizing RMO or Medical Provider may request fiscal data for hospitalization

(typical cost of giving birth at a local hospital) prior to your departure. An estimate of the up-front hospital costs should be obtained from the proposed receiving post and sent in a MED Hospitalization Request cable to MED BUD for fiscal data. Fiscal data will then be sent to your assigned post. You may make arrangements with the selected medevac post to determine if the selected medevac site would pay the hospital bills using the fiscal data and the subsequent fund cite provided to your assigned post. This arrangement is left up to you and the receiving post.

If you fail to make necessary arrangements with the selected medevac post for the hospital bills to be paid from the fund cite, and your hospital does not accept your insurance, you will have to cover the hospitalization expenses up front and be reimbursed later by your insurance carrier first, and through the DS-3067 with the State Department Medical Program as secondary payer. You can contact [Hospitalizations@state.gov](mailto:Hospitalizations@state.gov), with your overseas hospitalization reimbursement questions.

*Note:* If you are travelling on a workday, you may use administrative leave for travel to and from your medevac location in lieu of annual leave.

If you are an employee, including Eligible Family Members on a Family Member Appointment, you must be either in an approved work arrangement or on approved leave status during medevac.

#### **1.4 Paid Parental Leave under FMLA**

Effective October 1, 2020, State Department employees who are eligible for FMLA are also eligible for paid parental leave under FMLA for the birth of a child on or after October 1, 2020. Please review [3 FAM 3530](#) carefully which was revised in September 2020 to incorporate the provisions of paid parental leave.

Basically, the original **unpaid** Family Medical Leave Act (FMLA) still exists which allows you to take up to 12 weeks of unpaid leave within a 12 calendar month period for the birth and care of your son or daughter, the care of a family member who has a serious health condition, or for your own serious health condition. A serious health condition includes incapacitation due to pregnancy, childbirth, recovery from childbirth, periods of morning sickness, and medically prescribed bed rest. This applies even if you do not (or your family member does not) receive active treatment from a health care provider during the period of incapacity, or the period of incapacity does not last more than 3 consecutive calendar days.<sup>6</sup> Supervisors

may not refuse leave requests filed under FMLA, as long as proper medical documentation is submitted.

You may evoke **unpaid FMLA** prior to the birth of a child and you may use any of the following types of leave for medical appointments or periods when you or your family member is incapacitated:

- Accrued, accumulated, or advanced annual leave;
- Accrued, accumulated, or advanced sick leave;
- Leave Without Pay (LWOP); and/or
- Donated leave received through a shared leave program (Voluntary Leave Transfer Program and Voluntary Leave Bank).

The new **paid** parental leave provisions under FMLA allow employees to “substitute” a maximum of 12 weeks of paid leave when a child is born. The benefit extends to both the birth and non birth parent. **However, please be aware that you are eligible for a maximum of 12 weeks paid/unpaid leave under FMLA within 12 calendar months.** In other words, if you evoked unpaid FMLA before the birth of your child to cover absences due to a difficult pregnancy, for example, that period of time will be subtracted from your overall 12 week paid entitlement.

**Paid parental leave expires either at the one year anniversary of the baby’s birth, or one year after the first invocation of FMLA – whichever comes first.**

Here are examples of possible scenarios:

*Example 1: Alison had a baby on October 31, 2020. Since she did not evoke a FMLA entitlement in the last 12 months, Alison evokes FMLA on October 31 and is eligible for 12 weeks of paid parental leave.*

*Example 2: Emma had a difficult pregnancy and needed 4 weeks of bed rest before the birth of her child. She didn’t have any accrued sick or annual leave, so she evoked unpaid FMLA on November 1, 2020 to cover her illness. On December 1, 2020, she gave birth to a daughter and requested to “substitute” unpaid FMLA for paid parental leave. Emma is entitled to 8 weeks of paid parental leave because she used 4 weeks of unpaid FMLA for her pregnancy within the last 12 months. This FMLA entitlement ends on October 31, 2021 – 12 months after she evoked her first FMLA entitlement.*

*Example 3: Katie gave birth on May 1, 2021, however, she chose to use four weeks of accrued sick and annual leave to recover from a difficult delivery. Katie evoked paid parental leave a month later on June 1, 2021, for the first time in 12 months and is entitled to 12 weeks of paid parental leave. The FMLA entitlement expires on May 1, 2022 because that is the first anniversary of her child's birth.*

*Example 4: Stephanie takes 6 weeks of accrued sick leave (outside of FMLA) to recover from childbirth. She then invokes paid parental leave under FMLA. After taking 12 weeks of leave from work (6 weeks of SL/6 weeks of paid parental leave), she agrees to her supervisor's request to come back to work to complete a special assignment. Upon completion of the work assignment, Stephanie is able to use the remaining 6 weeks of her paid parental leave FMLA leave entitlement.*

*Example 5: George and his wife adopted a son on May 1, 2021, and invoked 12 weeks of paid parental leave under FMLA which expires on April 30, 2022. George's wife had a baby girl on December 5, 2021. Since George used his 12 weeks of paid parental leave for the adoption of his son, he cannot use any paid parental leave until he invokes a new FMLA entitlement on May 1, 2022. However, he may use accrued sick/annual leave or LWOP. George invokes a new FMLA entitlement on May 1, 2022, and uses 12 weeks of paid parental leave for the birth of his child born last December. FMLA expires for the birth of his child on December 5, 2022 -- the first year anniversary of the baby's birth. George is entitled to 12 weeks of paid parental leave for each event – birth of his child and adoption.*

You must apply for paid parental leave. You can start the process BEFORE the birth of your child – but PPL won't begin until the actual day of birth. These are the required forms:

- Complete *DS-1923* to apply for FMLA;
- Complete *Form DS-5154, Work Obligation Agreement* where you attest your intention to return to work at the State Department for 12 weeks at the conclusion of your paid parental leave period;
- Complete *Form DS-5155, Request for Paid Parental Leave (PPL)*;
- Submit all three forms to your supervisor for his/her review. Your supervisor will approve the *DS-1923* and the *DS-5155*.
- The *DS-5154 Work Obligation Statement* is not signed by your supervisor, but is required as supporting documentation.
- Copy of the baby's birth certificate, if available. If not immediately available, please provide it as soon as possible.

### 1.4.1 “Stacking” Personal Leave and Paid Parental Leave

You may request to use annual leave or sick leave in addition to invoking paid parental leave under FMLA and, in such a case, your leave approver will exercise his/her normal authority. The act of requesting leave under normal procedures with the intent of using paid or unpaid FMLA leave at a later date is known as “stacking” leave, and is permitted, subject to the normal rules governing the approval of such leave. See [3 FAM 3534.3](#).

Sick leave is a separate entitlement from FMLA. As set forth in [3 FAM 3420](#), employees who follow procedures for requesting sick leave and who provide required medical certification must be granted their accrued sick leave. Pregnancy and childbirth are considered qualifying medical emergencies. You may also use annual leave -- subject to the approval of your supervisor.

*Example: Jenny delivered a baby girl on December 1, 2020, but requested 4 weeks of accrued sick leave during her recovery period – as certified by a medical provider – instead of invoking paid parental leave under FMLA. After her recovery period, Jenny requested 2 weeks of accrued annual leave to bond with her healthy baby. After 2 weeks of annual leave, Jenny invoked paid parental leave under her FMLA entitlement for the first time in 12 months and received 12 weeks of paid parental leave. Her FMLA entitlement expires on December 1, 2021 – the first anniversary of the baby’s birth.*

Sick Leave: Accrued/accumulated sick leave can be used, with appropriate medical documentation, for:

- any period when you are incapacitated for the performance of duties by physical or mental illness, injury, pregnancy or childbirth (including periods of morning sickness, medically prescribed bedrest, and recuperation from childbirth);
- providing care to a family member (birth parent or child) with a serious health condition;
- taking an infant or birth parent to medical appointments (up to 104 hours); or
- providing care for a family member who is incapacitated by a medical or mental condition, or where an incapacitated family member requires psychological comfort and the family member would benefit from your care or presence (up to 104 hours).

**Accrued sick leave is not designed for care of or bonding with a healthy child!  
This applies to the non-birth parent as well.**

### 1.4.2 Advanced Sick Leave

If you run out of accrued sick leave, you can request up to 240 hours (30 work days; approximately 6 weeks)<sup>7</sup> of advanced sick leave for a serious medical condition of your own or of a family member (per the definition above, this includes pregnancy and childbirth) or when you personally are incapacitated for the performance of your duties by pregnancy or childbirth. You can also request up to 104 hours (13 work days; approximately 2.5 weeks) of advanced sick leave to provide care for a family member who is incapacitated by a medical or mental condition, or to attend to a family member receiving medical examination or treatment. Supervisory approval is required.<sup>8</sup> Medical documentation is generally required for any sick leave period greater than three days. Advanced sick leave is a useful option. Please note that advanced sick leave is paid back **as you accrue it**, which means at the rate of earning 4 hours of sick leave per pay period, 240 hours of advanced sick leave would take 60 pay periods to pay off. Given that there are approximately 26 pay periods in a year, earning back 240 hours of advanced sick leave will take almost 2.5 years *if* you do not use any sick leave during that same time period. Shared leave (see section 1.4.7) can be used to liquidate advanced sick leave balances.

Please note that if you decide to leave the Department while carrying a negative leave balance, you will be required to pay back the leave deficit.

### 1.4.3 Accrued Annual Leave

You may request use of your accrued/accumulated annual leave, which must be approved by your supervisor unless you invoke the FMLA. Supervisors are encouraged to grant annual leave for purposes related to pregnancy and childbirth to the maximum extent practicable consistent with the mission's needs. The substitution of accrued/accumulated annual leave for unpaid leave under the FMLA cannot be denied for employees who have invoked FMLA (see below on how to invoke FMLA).

### 1.4.4 Advanced Annual Leave

You may request advanced annual leave, which is the number of hours you would accrue through the end of the current leave year.<sup>10</sup> This means that those giving

birth earlier in the year may have more advanced annual leave available than those who deliver later in the year. Approval of advanced annual leave is also at the discretion of your supervisor.

Please note that if you decide to leave the Department while carrying a negative leave balance, you will be required to pay back the leave deficit.

#### 1.4.5 Intermittent Paid Parental Leave

Paid parental leave under FMLA may be taken intermittently subject to the mutual agreement of the employee and the supervisor in accordance with 3 FAM 3534.2 in [3 FAM 3430](#). The desire to use paid parental leave intermittently is noted on the DS-5155. A thirty (30) day notice is required whenever possible; otherwise notice is required as soon as possible.

#### 1.4.6 Shared Leave

There are two types of shared leave programs: 1) The Voluntary Leave Transfer Program (VLTP), which facilitates donations of annual leave from any State Department employee -your colleagues, friends and family within the Department, or from family members or, in certain circumstances, friends at another agency - directly to you to use for certain specified uses; and 2) The Voluntary Leave Bank Program (VLBP), which distributes pooled annual leave to eligible bank members based on established criteria. [Shared Voluntary Leave Programs](#)

If you have or will exhaust all accrued, accumulated, re-credited, and restored annual and sick leave and face 24 hours of absence from duty without available paid leave because of a medical emergency (including pregnancy, recovery from childbirth, or another serious health condition for you or your family member), you are eligible to apply for either or both of the shared leave programs. An Earnings and Leave Statement (ELS) is required at the time of submission to determine accurate leave balances and allow for calculations to determine need.

Your post's HR Office may be able to assist you with applying for both the VLTP and the VLBP; we encourage you to talk with them before you medevac to learn what help they can offer. Additionally, more information on each program and instructions on how to apply are below. Note: When applying concurrently to both programs, the applications for the Voluntary Leave Bank Program will be considered prior to the application for the Voluntary Leave Transfer Program.

**Voluntary Leave Transfer Program (VLTP):** Employees donate annual leave *directly* to their eligible colleagues, so the amount of donations will depend on how many of your colleagues donate their leave directly to *you*. You may receive leave contributions from any DOS employee, family members at any federal agency, and in certain circumstances, friends and outside agency colleagues at other federal agencies. VLTP may be requested prior to birth if serious medical conditions exist, during the birth parent’s period of recuperation following childbirth, or for medical emergencies of your infant.

Recommendation: While notifications about VLTP applicants are posted on the State Department intranet, you will likely be more successful if you also reach out to your colleagues directly, informing them that you are applying for the program and how they can make their contributions directly to you.

**To apply for VLTP:**

1. Complete form [DS-0630 - Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program](#);
2. Complete the [U.S. Department of State Leave Application Employee Coversheet.pdf](#);
3. Include your medevac cable or a medical certification on health care provider letterhead including the following: patient’s full name and date of birth, a brief description of nature and severity of medical emergency, expected start and end dates of the medical emergency, signature of health care provider treating the patient, and date the certification was signed;
4. Include your most recent earnings and leave statement showing that you are facing more than 24 hours of unpaid absence due to insufficient available leave;
5. Submit your complete application package to [VLB-VLTPprograms@state.gov](mailto:VLB-VLTPprograms@state.gov).

**Voluntary Leave Bank Program (VLBP):** The Leave Bank is a pooled fund of annual leave. The amount of distribution is determined by the bank board. To receive a distribution from the Leave Bank, an employee must be a member of the bank. Minimum yearly membership “fees” are one pay period of accrued annual leave and vary depending on years of service (for example, the minimum fee for an entry level employee with less than through years of service is 4 hours of annual leave per year).

**To apply for VLBP:**

1. Determine your timing and eligibility. You may only join the bank during open season, within 60 days of entry on duty, or within 60 days of your return from an

- an extended absence outside an open enrollment period.
2. Complete form [DS-0630 - Application to Become a Leave Recipient Under the Voluntary Leave Bank Program](#);
  3. Complete the [U.S. Department of State Leave Application Employee Coversheet](#);
  4. Include your medevac cable or a medical certification on health care provider letterhead including the following: patient's full name and date of birth, a brief description of nature and severity of medical emergency (exclude any personal or sensitive information), dates of expected medical emergency, signature of health care provider treating the patient, and date the certification was signed;
  5. Include your most recent earnings and leave statement showing that the employee is facing more than 24 hours of unpaid absence due to insufficient available leave;
  6. Submit your complete application package to [VLB-VLTPrograms@state.gov](mailto:VLB-VLTPrograms@state.gov).

#### 1.4.7 Telework

Employees who arrange for telework from their medevac location, either working for post or for a bureau in Washington, D.C., must arrange an appropriate telework agreement consistent with post and Department policy. Bureaus are encouraged to support suitable alternate work and telework arrangements whenever possible.

#### 1.4.8 Temporary Work

You may arrange short-term work during your medevac, either full-time or part-time. There are multiple ways to find these opportunities. Start by contacting your regional bureau EX to determine if they have any short-term opportunities. We recommend that you also confer with your post.

One source of short-term projects is [Agility @ State Site](#) -- a one stop shop platform which directly connects State Department offices and employees for the purposes of filling short-term projects and work opportunities, either full-time or part-time, from a period of a few days through a maximum of 90 days.

If you are a Consular officer, and choose to deliver your baby in the United States, you may wish to explore a short-term assignment at a Passport Agency in the area where you are medevac'ing. CA/EX ([ConsularBidders@state.gov](mailto:ConsularBidders@state.gov)) can assist you in reaching out to the Passport Agency at your medevac location. You can also contact your CDO, who can help arrange the TDY.

If you or your family member choose(s) to deliver your baby overseas, you may reach out directly to the respective section at your medevac location to check whether they may need a person with your experience (for example, if you are currently working in a non-immigrant visa unit at your post, you may reach out to the non-immigrant visa unit at your medevac location to see if they may be able to use your help during your medevac time).

#### 1.4.9 Training

If you are traveling to Washington, D.C. for your medevac, you might be able to sign up for training prior to childbirth. Check Foreign Service Institute (FSI)'s course schedule. Training requests must be authorized by your supervisor or training officer (for mandatory training such as Leadership or EEO/Diversity). You will not be eligible for medevac per diem while in training at FSI, but you may be eligible for per diem for non-medevac reasons, if you otherwise qualify under applicable rules and regulations (e.g., you are on TDY).

Online courses may be an option whether your medevac location is domestic or overseas, but you need to set clear expectations with your supervisor about how much time the training will take and how you will account for your time. It is important to know which office owns your billet and to make sure it is aware of and approves whatever work arrangement you make. If you don't have enough paid leave to cover your anticipated absence, you may wish to consider taking a mixture of paid leave and LWOP for the duration of your time away from post. Leave may also be combined with training.

### **1.5 MEDEVAC, Travel, Per Diem and Allowances**

MEDEVAC and paid parental leave are two separate policies. OB Medevac addresses the physical health and well-being of the birth parent prior to and after birth. Whereas, paid parental leave is a leave policy designed to allow birth and non-birth parents to recuperate and bond with their new baby. While on your medevac, you will be eligible for per diem that covers your lodging expenses, meals and incidental expenses (M&IE), and reimbursement for other expenses such as taxi to and from your medical appointments. If paid parental leave is evoked while on medevac (post birth), it has **no effect on your eligibility for per diem while on medevac**. However, while you are away, many allowances associated with your post of assignment (e.g., COLA, hardship differential, LIP, etc.) may be affected. This section addresses these allowances in detail.

## 1.5.1 Per Diem<sup>11</sup>

Per diem is the total of the maximum amount for lodging expenses, plus a fixed allowance for meals and incidental expenses (M&IE) for the location where you have been approved to medevac.<sup>12</sup>

Lodging: Please note that you may not be reimbursed for every type of lodging. For example, you will not be reimbursed for staying at your personally-owned residences or your personally-owned recreational vehicle (trailer/camper). You will be reimbursed, as a lodging expense, the fee or service charge paid for use of U.S. Government quarters. You may be reimbursed for additional costs of lodging with friend(s) or relative(s) if you are able to substantiate the costs and the Department determines them to be reasonable; or the cost of other types of lodging when there are no conventional lodging facilities in the area (e.g., in remote areas) or when conventional facilities are in short supply; or for costs associated with recreational vehicles such as parking fees, fees for connection, use, and disconnection of utilities, electricity, gas, water and sewage, bath or shower fees, and dumping fees.<sup>13</sup>

Full per diem is paid for the duration of the medevac (it does not decrease after the first 30 days as it does, for example, during training).

If you elect to deliver abroad and away from post, and if the location is approved by MED, travel and per diem allowances will be cost constructed based on travel costs to and per diem allowances in Washington, D.C. This means that transportation costs and per diem are paid at either Washington, D.C.-based rates or those of the chosen medevac locality, whichever total per diem is lower for the duration of the medevac.

Under certain conditions,<sup>14</sup> children who are on your current post orders may be authorized to travel with the expectant parent (see below).<sup>15</sup>

Per diem rates in the continental United States ("CONUS Rates") are set by the U.S. General Services Administration by fiscal year, effective October 1 each year.

Find the current rates, including Washington D.C., here:

<http://www.gsa.gov/portal/category/100120>. Per diem rates in foreign countries are set by the State Department. Should you wish to compare an overseas location with a domestic location, overseas per diem rates are available here: [https://aoprals.state.gov/content.asp?content\\_id=184&menu\\_id=78](https://aoprals.state.gov/content.asp?content_id=184&menu_id=78).

**You will not be authorized medevac per diem if you travel from the United States to post after 34 weeks gestation.<sup>16</sup> For example, if you become pregnant while assigned to Washington, D.C., then travel to your new, overseas post after 34 weeks gestation, you will not be authorized obstetrical medevac from that new post.<sup>17</sup>**

Additionally, like all employees on travel orders, you are responsible for payment of any expenses deemed ineligible for reimbursement. Be advised that you are expected to comply with the “prudent traveler” rule. If you rent a house or apartment for the duration of your medevac, rent paid should be commensurate with market prices, and your lease or other rental agreement should not be structured for the purpose of taking advantage of the maximum per diem rate. Your voucher could be denied if you spend full per diem on a rental property that would lease for much less than per diem.

Per diem is also authorized for the necessary travel time from post to the medevac site and for travel time back to post following medical clearance.

The Department's Bureau of Medical Services typically authorizes a total of up to 90 days of per diem for the combined period before and after delivery (up to 45 days before the expected date of delivery and up to 45 days after the delivery) to a birth parent for a medevac to the United States or elsewhere. If you are hospitalized for delivery, you will be authorized lodging only (no MI&E) not to exceed 2 days for a non-surgical delivery and not to exceed 3 days for a surgical delivery.

If medical complications require you to be away from post longer than 90 days, MED may authorize up to an additional 90 days of per diem (180 total) based on documentation of the relevant medical condition. If you deliver after your expected due date, and so have spent more than the anticipated 45 days on per diem before the birth, MED/Foreign Programs (MED/FP) will authorize additional pre-delivery days of per diem when authorizing your return to post at the end of the medevac.<sup>18</sup>

Per diem for newborns is authorized at one-half (50 percent) of the applicable local rate, excluding periods of hospitalization.<sup>19</sup>

You may apply at post or in Washington, D.C. for a travel advance<sup>20</sup> (up to 80 percent of estimated costs for up to 45 days, after which you may reapply) to

cover your initial expenses. Please see section 2.2 for more details. Note that if your baby arrives early, you will not be eligible for the full 90 days of per diem and will have to pay back the appropriate portion of your travel advance when you file your travel voucher.

Per diem will not be extended because of delays in obtaining a birth certificate, passport, visa or other official document for the newborn. Per diem is not authorized during home leave.<sup>21</sup> Home leave, transfer, curtailment, authorized voluntary evacuation or ordered mandatory evacuation orders supersede all other official travel (including medevac) and travel must occur on such orders.

In the rare instance that your post goes on authorized or ordered departure while you are on medevac orders, you would remain on medevac orders until the orders expire. Following that, you would receive a Subsistence Expense Allowance or another appropriate allowance according to the circumstances.

**Pregnancy and Delivery while at FSI: If you have onward orders for an overseas assignment while in training at FSI, you may qualify for medical per diem once you provide a copy of your TM4 and a medical report from your obstetrician to MED/CP/FP. During the medical per diem period, you must be on approved leave status and removed from FSI per diem.**

### 1.5.2 Continuation of Per Diem While in Training at FSI

On November 19, 2020, the Under Secretary for Management approved a policy which allows employees in training at FSI on **post-to-post** PCS orders who experience a birth, placement of a child for adoption/foster care, serious health condition, or other FMLA events and who invoke paid parental leave under FMLA to **continue to receive per diem** during the FMLA period, not to exceed 12 weeks. The [14 FAM 574.5-2](#) will be amended to reflect the new policy, however, the new policy is in effect as of November 19, 2020.

### 1.5.3 Accompanying minor children <sup>22</sup>

Family members incapable of caring for themselves if they remained at post may be authorized to travel with you and should be included in medevac travel orders, providing that no suitable arrangement for supervision can be made at post. Such family member(s) are eligible for per diem and must travel with you (they cannot be added to travel orders at a later date). Families may consider

using their R&R ticket if they want their child or children to travel at a separate time. All accompanying children under age 12 are authorized for 50 percent of the adult per diem. Children 12 years old and older are allowed up to 75 percent of your applicable per diem rate.<sup>23</sup> One child will receive 100% lodging for days subject is hospitalized that exceed the 2 days for non-surgical delivery or 3 days for surgical delivery.

#### 1.5.4 Travel of non-birth parent

MED is not allowed to authorize travel for the non-birth parent to attend the delivery. Families may consider using their R&R ticket, Home Leave/PCS ticket or personal travel for this purpose.

#### 1.5.5 Living Quarters Allowance (LQA)

If you take LWOP for more than 30 days at one time, whether at post or away from post, you will not receive LQA while in LWOP status.<sup>24</sup> In this case, allowances will be suspended from the first day of LWOP. You may need to think creatively about your leave structure to protect your LQA. Note, at posts with Government-issued housing, it is not Department policy to turn a new mother out of housing when she is on LWOP.

#### 1.5.6 Danger Pay

Danger Pay terminates with close of business the day you depart post for any reason (including medevac) for a post or country/area not designated for the danger pay allowance.

#### 1.5.7 Post Hardship Differential

Post Hardship Differential will continue for up to 42 days after your departure from post for another post or country/area not designated for hardship differential, provided a family member remains at post during that time.

Without a family member remaining at post, your hardship differential stops at close of business on the date of departure from post, and resumes starting with the date you return to post.<sup>25</sup> Should you go into LWOP (non-pay) status, your post differential will be suspended for the duration of that status.

### 1.5.8 Service Need Differential (SND)

The Payroll Service Center in Charleston calculates and disburses Service Need Differential (SND) payments on an annual basis. Calculations will be pro-rated based on reported absences from post of more than 30 calendar days. Absences from post of 30 days or fewer will not impact SND payments. After the allowed 30 days, time away from post will be deducted from the annual lump sum payment on a pro-rated basis.

### 1.5.9 Post (Cost of Living Allowance (COLA) Allowance

If you are in pay-status, COLA will continue for the first 30 days of your absence from post on medevac orders. If you have no other family members remaining at post, COLA will terminate on the 31st day, then recommence on the date you return to post. If you have other family members remaining at post, the family size will reduce by one member for payment of COLA starting from the 31st day. Note, however, if you are in non-pay (LWOP) status for 14 calendar days or less at any one time, COLA will continue for the first 30 day period uninterrupted; for LWOP periods longer than 14 calendar days, COLA is suspended for you and your family members as of the day you enter non-pay status.

### 1.5.10 Language Incentive Pay (LIP)

When you are away from post for continuous periods of 30 calendar days or less, including temporary duty travel, medical evacuation or combinations of annual leave, sick leave, and Leave Without Pay, Language incentive pay is not affected. Language incentive pay stops on the 31st day away from post and resumes on the date you return to post. Post must notify the payroll servicing office via cable of the above.<sup>26</sup>

### 1.5.11 Education Allowance

Education allowances continue to be paid out even if you take your children with you on your medevac.

### 1.5.12 Holidays

If you are on a paid leave status immediately preceding or following a U.S. holiday you do not have to use your own leave during such holiday. If you are on

an unpaid leave status (LWOP) you are not authorized paid U.S. holidays.<sup>27</sup> Employees who travel on government-funded travel (this includes a medevac) are not authorized local holidays once they leave the country of assignment, so you will have to use your leave during local holidays at your post of assignment while on a medevac.<sup>28</sup>

### 1.5.13 Federal Employee Health Benefits plan (FEHBP)

Enrollment in a Federal Employee Health Benefits Plan continues for no more than 365 calendar days when you are in a non-pay status (upon returning to duty after more than 365 days you will have to submit Form DS-5112 to payroll in Charleston).

### 1.5.14 Layette Shipment/UAB Shipment<sup>29</sup>

A layette shipment is a separate airfreight allowance of up to 250 pounds gross weight for a newborn child or an adopted child of less than five years of age who is an eligible family member of an employee assigned to post (and who has arrived at post). Items shipped in a layette must be directly related to the care and feeding of a child. For example: crib, playpen, infant car seat, high chair, commercial baby food, formula, cloth or disposable diapers, baby clothing, crib or receiving blankets, crib bedding, and similar items. Layette items may not include adult-size furniture, or foodstuffs other than those specifically intended for consumption by an infant.

You are eligible for a layette shipment only when appropriate child equipment is not available at post. Post has to certify that suitable layettes are not available locally. Coordinate with your GTMO at post to request via cable to your GTM/EX HR Technician in the GTM/EX/IDSD (the International/Domestic Support Division) that your original travel orders be amended to authorize a layette shipment (note: a layette shipment is not an amendment to medevac orders).

Arrange for pack out and shipment of the layette shipments through the Office of Transportation and Travel (A/LM/OPS/TTM).

Air shipment of the layette can start up to 120 days prior to an expected birth and must occur no later than 60 days after the birth of the child.

## 2. Before You Leave Post

By the 28th week of your pregnancy, if not sooner, you should know where you will deliver your baby. It is time to obtain your travel orders and fund cite (as noted earlier, some posts may prefer to take these steps earlier).

While you cannot start your travel until medevac and fund cite telegrams have been issued, reservations can be made beforehand. The ticket must be issued with an open return.

You may depart post up to 45 days before the expected delivery date. Medical considerations, however, may dictate an earlier departure from post.

### 2.1 Travel Orders and Fund Cite

No later than the 30th week of your pregnancy (no later than 4 weeks prior to the estimated departure date): Contact your health unit staff, RMO, or Foreign Service Medical Provider (FSMP) to obtain travel orders and fund cite (the fund cite helps pay for your travel to and per diem at the medevac location). Post is required to send a telegram to MED Foreign Programs (MED/FP) requesting authorization for the medevac. In addition to sending that cable, the health unit will also send a Referral Letter via email to MED/FP.

**If you are delivering at an overseas location other than your post of assignment, your post must alert the RMO at the medevac location (who should have already accepted you as a patient to his or her region) of the planned medical evacuation.**

Both the cable and the referral letter will include pertinent medical information related to your case, including:

- Date of your Last Menstrual Period (LMP)
- Due Date or Estimated Date of Delivery (EDC; you may need to provide the date of your first ultrasound to help support this date)
- Medevac Destination (city, state/country)
- Contact phone number, email
- Name and phone number of the attending obstetrician
- Name of hospital and city where delivery is expected
- Health insurance plan with enrollment code and ID number
- Date of departure from post

- Children accompanying on medevac (names, dates of birth)
- Eligibility for home leave or Permanent Change of Station (PCS) transfer orders

MED will reply to the request cable with:

1. A MED CHANNEL telegram authorizing the medevac. Medevac authorization telegrams contain other important instructions on administrative matters. Employees are urged to review these cables carefully and to seek clarification promptly when they have questions.
2. A MED CHANNEL telegram (funding cable) providing a fund cite for medical travel for State employees or their family members. The telegram and fund cite will be shared with appropriate staff in the financial management office. The telegram contains information about how much money has been obligated for your medical travel and per diem, guidance on how to submit claims for reimbursement, recovering medical insurance benefits, and consequences of failure to comply.<sup>30</sup>

## **2.2 Travel Advance**

Before leaving for your medevac, you can apply for an advance of per diem through your post's Financial Management Office (FMO) using a copy of your fiscal data cable (the funding cable) issued by MED/FP. You may also apply for an advance upon your arrival in Washington, D.C. If you travel on medevac to any location other than Washington, D.C., including an overseas medevac location, you will not be able to apply for an advance once you depart post.

Birth parent and dependent minor children are eligible for travel advance of 80 percent of per diem, transferred electronically to the employee's account. The total amount advanced may not exceed 80 percent of the estimated expenses for more than 45 calendar days of travel status.<sup>31</sup>

## **2.3 Approximately 2 weeks prior to departure**

If you are delivering at an overseas location, schedule a meeting with the medevac post's health unit and, if appropriate, with the RSO (especially if you plan to work on a TDY while at your medevac location). Schedule an appointment with your receiving obstetrician/hospital where you plan to deliver. Inquire whether there are any specific requirements for issuing a local birth certificate.

## 2.4 Approximately 1 week prior to departure

You must obtain a letter from your doctor or the health unit for the airline certifying that you are medically fit for travel by commercial airline.

## 3. Travel/Arrival at Your Medevac Location

Post should issue you (and your minor children if applicable) unrestricted ticket/tickets with open return.

While MED will send some of the following documents to you after you arrive at medevac point, it is a good idea to travel with your **own** copies:

- Name and contact information of your GTM/EX HR Technician
- Medical records pertaining to the pregnancy, in English, including test results and prenatal care
- Health insurance information (after birth, don't forget to add your newborn to your health insurance policy!)
- If delivering at an overseas location, it is a good idea to also include:
  - Blank Form OF-126 (Foreign Service Residence and Dependency Report)
  - Blank Form DS-11 (Application for U.S. Passport – the same for both the diplomatic and regular passport)
  - Blank Form DS-2029 (Application for a Consular Report of Birth of a U.S. Citizen Abroad)
  - Letter of Authorization for Medical Services (3067) issued by post.
  - Contact information for the American Citizen Services (ACS) unit chief at the Consular Section at your medevac location
  - Blank Form DS-3053 if both parents will not be together with the baby at the time they apply for passport(s) on the baby's behalf

### 3.1 Immediately after arrival

After arrival at your authorized medevac location, birth parent must immediately contact the OB Medevac Coordinator at 202.663.1662 or email

[MedForeignPrograms@state.gov](mailto:MedForeignPrograms@state.gov).

### 3.2 Supplemental Voucher

Thirty or Forty-Five (30 or 45) days after arrival: If you applied for travel advance for the full first 45 calendar days, you may submit a supplemental voucher

(Form OF-261, Travel Advance Application, Voucher, and Account) after the first 45 days for the remaining 45 calendar days (if you applied for travel advance for less than 45 days, e.g. for 30 days, you may submit a supplemental voucher after those days have passed).<sup>32</sup>

## 4. Baby is Here!

Congratulations on the arrival of your bundle of joy!! Now, while you are recovering and taking care of your baby, there are several things you and your spouse will also have to take care of before you can return to your post.

### 4.1 Immediately after birth

Contact the OB Medevac Coordinator at 202.663.1662 or email [MedForeignPrograms@state.gov](mailto:MedForeignPrograms@state.gov) to provide information on the birth of your child to begin the medical clearance process.

### 4.2 Documentation needed before returning to post

#### 4.2.1 Birth Certificate

You must obtain an official birth certificate issued by the hospital, or a local government entity. Hospitals typically start the paperwork for the birth certificate, but **be sure you verify with the hospital that they have requested expedited issuance of your child's birth certificate.** If the hospital cannot initiate the process to expedite issuance, they should be able to tell you which office in the local government to contact. For example, in the Commonwealth of Virginia, you may now apply for the birth certificate at the DMV.

If your baby's birth certificate is entirely in a foreign language, you must obtain an English translation. GTM/EX/IDSD will NOT add your baby to your travel profile based on a foreign language birth certificate. English translations are also often required by health providers when adding new dependents on to FEHB policies. English translations should be prepared by third parties and notarized by the ACS Unit of post's Consular Section.

**NOTE: GTM/EX/IDSD will accept a Consular Report of Birth Abroad (CRBA).  
See 4.2.2 below**

Try to obtain at least two copies of the birth certificate, as one will have to be submitted with your baby's passport application and you will need another copy for yourself.

**For Domestic Delivery** - Once you have the birth certificate, apply immediately for the child's diplomatic passport. Please visit [travel.state.gov/sia](https://travel.state.gov/sia) for guidance on applying for a diplomatic passport. The website is only accessible from a government workstation or virtual access. If you are unable to access the site, email [CA-PPT-SIA-PASSPORTS@state.gov](mailto:CA-PPT-SIA-PASSPORTS@state.gov).

Once you have the birth certificate, apply immediately for the child's diplomatic passport at a passport application acceptance facility near you (e.g., Passport Agency, certain post offices, Special Issuance Agency in D.C., etc.).

**For Overseas Delivery** – Once you have the birth certificate, apply immediately for a Consular Report of Birth Abroad of a U.S. citizen (CRBA) to begin the process of adding your new baby as a dependent. (See 4.2.2 for further details.)

#### 4.2.2 Consular Report of Birth Abroad (CRBA)

In addition to the birth certificate, if your baby is born abroad, you should seek a CRBA. The CRBA is not a birth certificate; rather, it is the U.S. record of the birth abroad of a U.S. citizen. Under U.S. law, the CRBA is proof of U.S. citizenship. It is issued by the U.S. Embassy or Consulate where the baby was born. Note: In many countries, the ACS Unit has an appointment system for taking CRBA applications. Check with the ACS Unit at the applicable post about its scheduling requirements BEFORE the child is born. More information about the CRBA process is available at: <https://travel.state.gov/content/travel/en/international-travel/while-abroad/birth-abroad.html>.

#### 4.2.3 Adding the new baby as a dependent

You must add your newborn as a dependent before you can apply for the new baby's passport. To do this, submit Form OF-126 (Foreign Service Residence and Dependency Report), along with **either a birth certificate (translated into English, if applicable) OR the Consular Report of Birth Abroad** to your HR Technician in GTM/EX/IDSD through one of the following methods:

If you have OpenNet access, go to "GEMS Self-Service" via GTM Online/GTM Portal, click the OF-126 link and either "Submit a New Form" (if you have never submitted an on-line OF-126) or click "View Previous" to make changes to a previously submitted on-line OF-126.

If you don't have OpenNet access, you can submit a paper copy of Form OF-126 and fax it to GTM/EX/IDSD (202-453-8265) or email a scanned copy to the GTM/EX HR Technician collective ([GTM-EX-IDSD@state.gov](mailto:GTM-EX-IDSD@state.gov)). You should also email a copy directly to your specific HR Technician in case he or she doesn't receive it via the collective address.

#### 4.2.4 Baby's Passport

Your baby must have the same type of passport (diplomatic or official) as the employee.

**Additional per diem will not be authorized due to delays in passport processing. However, the processing of diplomatic passport applications from overseas is usually expedited.**

The electronic Request for Passport Services (eRPS): After your GTM/EX Assignment Technician has received a copy of the birth certificate or CRBA along with your updated OF-126, your travel profile will be amended in GEMs. The Technician will then generate the eRPS, approximately a two-day process, and will email it (or, if you prefer, will fax it) to you for submission with the application for an official or diplomatic passport. **You must follow up with your GTM/EX Assignment Technician to ensure prompt receipt of the eRPS.** It helps to keep in daily contact to make sure this time-sensitive request is processed quickly. Be persistent, but please remember that Assignment Techs have thousands of clients.

Don't wait to receive your baby's social security number before applying for the passport. The passport application can be submitted without a social security number. Parents may submit an affidavit with the passport application stating that the baby has not yet been issued a social security number.

Complete your baby's passport application package and submit it following the guidance at [travel.state.gov/sia](http://travel.state.gov/sia). The website is only accessible from a government workstation or virtual access. If you are unable to access the site,

email [CA-PPT-SIA-PASSPORTS@state.gov](mailto:CA-PPT-SIA-PASSPORTS@state.gov). The baby and both parents must be present when applying for a passport. If both parents are not able to be present, then the absent parent must submit notarized, written consent on the Form [DS-3053](#), Statement of Consent: Issuance of a Passport to a Minor Under Age 16, with a copy of the absent parent's identification (front and back) giving permission to the parent who is present to apply for the child.

**If you submit the application at a non-Department of State passport application acceptance facility, the facility will charge a fee. You may voucher this expense upon return to post with a proper receipt.**

#### 4.2.5 Baby's Visa

If you deliver in the **United States**, you may need to get a visa for your infant prior to returning to post. Once you receive your child's diplomatic passport, sign it and follow the guidance on applying for a visa on [travel.state.gov/sia](http://travel.state.gov/sia). The website is only accessible from a government workstation or virtual access. If you are unable to access the site, email [CA-PPT-SIA-VISA-UNIT@state.gov](mailto:CA-PPT-SIA-VISA-UNIT@state.gov).

If you deliver **overseas** and your baby was born in your country of assignment, you should work through Post's Management Section to determine how to obtain the proper host country visa/residency permit.

If the baby was born in a **third country**, the Management Section in your country of assignment should consult with the Management Section in the country of birth to determine if the country of assignment will require the child to have a visa, and if the required visa can be obtained in the birth country.

If a visa is required, but cannot be obtained overseas, you should follow the guidance on visa applications for babies born in the United States (above).

#### 4.2.6 Medical clearances (4 weeks after birth)

MED cannot medically clear the baby of a State Department employee until the GTM/EX HR Technician receives a new Form OF-126 (Foreign Service Residence and Dependency Report) and enters the infant into the system. This enrolls the new baby as an eligible family member (EFM) in the State Department Medical Program.

A medical clearance may be granted after your obstetrician and the baby's pediatrician provide MED/FP (telephone: 202-663-1662) with necessary medical information to accomplish the clearance action.

The pediatrician must fully complete Form *DS-1622*, Medical History and Examination for Foreign Service for Children Under 11 Years. This must be done when your baby is a minimum of four weeks of age. The appointment should be scheduled as close as possible to your baby's four-week birthday, but not before. Your obstetrician must complete the ACOG postpartum form. This is the American College of Obstetrics and Gynecology postpartum (post-delivery) exam form to be completed by the provider 4-6 weeks after delivery.

This is typically done at the birth parent's 4 to 6-week post-partum check-up, but your obstetrician will determine when you should have this appointment.

The completed forms must be faxed to MED/FP at 202-663-3247, or they can be emailed to [MedForeignPrograms@state.gov](mailto:MedForeignPrograms@state.gov) (flagged for OB Medevac Coordinators). Once your baby is medically cleared, MED/FP will notify your GTM/EX HR Technician, who can then amend your travel orders to include your baby.

If you do not have access to OpenNet, you may contact your GTM/EX HR Technician, provide the Technician with a personal email address, and a copy of the travel authorization will be sent to you.

There may be circumstances in which your medical clearance changes after childbirth. Make sure to keep your post Management Officer informed if you anticipate a clearance change and **remember that you may not travel back to post until your clearance is reinstated.**

#### **4.2.7 Airline tickets for travel back to post**

Your baby may not travel as a lap child. Each child requires an airline ticket to return to post unless you are assigned less than 50 miles from your medevac location (e.g., in Tijuana, and your baby was born in San Diego, which is 25 miles away; or in Bratislava, and your baby was born in Vienna, which is 42 miles away). Travel back to post is authorized for your baby on your amended PCS orders (the baby does not travel on medevac orders).

Your travel back to post (and that of dependent children included on the original medevac) is authorized by MED/FP after receipt of the delivery medical report summary and an ACOG Postnatal Form. This form is normally completed by the delivering physician.

Travel to post may take place only after medical clearances have been issued by MED Foreign Programs and after the GTM/EX HR Technician has provided you a copy of the amended PCS travel orders.

You must send a copy of the amended travel orders to the Travel Management Center (TMC), CWT/SATO Travel via email at [DOSTA@cwtsatotravel.com](mailto:DOSTA@cwtsatotravel.com) to receive airline tickets. You may then call the Travel Management Center (TMC) (1-866-654-5593) in the Harry S Truman Building (HST) for reservations for yourself and your baby. The TMC will notify you via your email on record when the airline tickets are electronically issued. Be aware that many airlines require that the infant be on the same reservation as an accompanying adult.

MED will not clear infants to return to post before 4 weeks after the birth and strongly recommends air travel be postponed until 6 weeks of age.

#### **4.2.8 Adding your baby to your health benefits (within 60 days after birth)**

*SF-2809 Health Benefits Registration Form:* If you already have 'Self and Family' coverage, you do not need to complete a new Health Benefits Election Form ([SF 2809](#)). You must contact your health plan directly to inform them of the new family member. If you have a Self Plus One enrollment the addition of a new eligible family member does not allow you to switch your covered family member. You may increase enrollment to Self and Family in order to cover all of your eligible family members. If you have 'Self' only coverage or Self Plus One coverage you must submit [SF-2809](#) to GTM to change from 'Self' or Self Plus One to 'Self and Family' **between 31 days prior through 60 days after the birth together with proof such as a birth certificate.** If the birth certificate is entirely in a foreign language, an official translation into English will be required. Please note the filing deadline. If an SF-2809 is not submitted on time, you have to wait until the next Federal Benefits Open Season to make the change.

## 5. Back at Post

### 5.1 Travel Vouchers

- You must keep track of your travel voucher expenses
- Receipts are required without exception for lodging, and for all allowable cash expenditures in excess of 75 U.S. Dollars
- Receipts for lodging should be broken down in 30-day increments. Discuss with your FMO at post how to submit a voucher and what documentation is required (lease agreement, monthly bills, etc.). Make sure you plan ahead as you likely will not see reimbursement right away
- Your medevac travel orders will authorize taxi service in connection with travel to/from medical appointments.
- Vouchers must be completed and submitted within seven workdays<sup>33</sup> following completion of travel. Completed vouchers should be submitted to the section that handles travel vouchers (generally the FMO). Consult with MED if you want to submit an interim voucher after the first 30 days.
- Within 10 workdays of receipt of the completed travel voucher, post is requested to report to MED/EX the dollar amount of transportation, per diem, taxi, and miscellaneous expenses claimed on the voucher.

### 5.2 Adding your baby to your post's benefits/beneficiary forms/tax withholdings

Once your new baby arrives at post, you should complete the [SF-1190](#) Allowances form and submit to your HR office to ensure your post allowance is adjusted appropriately.

As childbirth is a qualifying life event, you may also change your designation of beneficiary forms:

- SF-2823: FEGLI Designation of Beneficiary
- SF-5002: Designation of Beneficiary – Foreign Service Retirement System
- TSP-3: Designation of Beneficiary for THRIFT Savings Plan
- SF-1152: Designation of Beneficiary for Unpaid Compensation (Salary or Leave)

If you decide to complete or update any of the designation of beneficiary forms, submit the completed form(s) to the GTMO, who will forward them to the Department. These forms are available at mydata portal [Forms](#) or at <http://www.opm.gov/forms>.

You may also choose to change your withholdings for Federal/State taxes. This can be done in [Employee Express](#).

### **5.3 Lactation rooms and support**

If you have time, you may want to familiarize yourself with the location of your lactation facilities at your post of assignment prior to departure on medevac. This knowledge will help ease your transition upon your return.

Per the Department's Lactation Policy,<sup>34</sup> the Department supports the practice of providing nursing mothers with a reasonable break time to express breast milk for the employee's nursing child for one year after the child's birth each time such an employee has the need to express milk. Supervisors should make every effort to accommodate these breaks in accordance with this policy.

Employees should also be provided with a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public that may be used to express breast milk.

Many employees do not have a personal office to use and will require a dedicated space for lactation purposes. If your post does not have a lactation room, prior to your medevac you may wish to work with the GTMO, GSO, or Management Office to identify and establish a room that meets lactation room requirements.

Your health insurance may cover lactation assistance through use of certified lactation consultants, at least during the time you remain in the United States after childbirth for those delivering in the United States. There are many great resources to assist you physically or emotionally if you feel challenged by nursing in any regard. In Washington, these include a monthly breastfeeding peer support group at HST, resources (e.g., shared hospital grade pump, starter kits, lending library, etc.) available in some lactation rooms. [WorkLife4You](#) program can provide you with referrals to a network of providers across the United States for lactation consultants and breastfeeding classes.

That concludes our **Guide**. We hope it has been helpful to new parents overseas in bringing your new baby into the State Department bureaucracy!

## Appendix 1: Who Do I Contact When...

### **I learn I am pregnant (at post):**

Notify your post Health Unit (HU) or Regional Medical Officer (RMO), enabling early counseling and arrangements for prenatal care overseas. You may also want to talk to your supervisor early on to approve your leave and provide enough time to find a TDY, if appropriate.

### **My assignment or training schedule may be affected by childbirth:**

Contact your CDO.

### **I need a reasonable accommodation:**

A pregnant employee may be entitled to a reasonable accommodation under some circumstances. Contact the Disabilities and Reasonable Accommodations Division (GTM/ER/DRAD) at (202) 261-8163 or [ReasonableAccommodations@state.gov](mailto:ReasonableAccommodations@state.gov).

### **I have questions regarding Shared Leave (VLTP and VLBP):**

Email [VLB-VLTPPrograms@state.gov](mailto:VLB-VLTPPrograms@state.gov).

### **I have questions regarding per diem during medevac (lodging, M&IEs):**

Contact your post Finance Office (FMO). After your post Health Unit determines your travel dates (based on your due date), your FMO should be able to help you calculate your per diem.

### **I need to organize my travel (book tickets, lodging, etc.):**

**Airline tickets:** Once your medevac is approved by MED, contact your post's FMO or travel assistant to book your airline ticket.

**Lodging:** Unless you are delivering overseas at a medevac center (see below), you will need to organize your own lodging. You may stay in a hotel or, if you would prefer to rent a house or apartment, potential resources include AirBnB, HomeAway, VRBO, or other online lodging search sites. If you choose to rent a place, make an effort to negotiate a flexible lease with the owner (in case your per diem ends sooner than originally anticipated), and make sure the total lease amount fits within your authorized per diem amount and the rent paid does not excessively exceed market value for the property.

If you will deliver your baby at an overseas medevac center, contact the medevac center's health unit which should connect you with someone at post responsible for lodging during medevac.

**I want to apply for a travel advance:**

Contact your post's FMO.

**I arrive at my authorized medevac location:**

Contact MED Foreign Programs (MED/FP) at 202-663-1662 or 1-888-878-3962, or by email to [MedForeignPrograms@state.gov](mailto:MedForeignPrograms@state.gov).

**I need to send birth statistics to MED:**

Contact MED Foreign Programs (MED/FP) at 202-663-1662 or 1-888-878-3962, or by email to [MedForeignPrograms@state.gov](mailto:MedForeignPrograms@state.gov).

**I need to add my newborn to my dependency report and my travel orders:**

Contact your GTM/EX HR Technician. They are located in Room 4250, SA-3 (2121 Virginia Avenue, NW, Washington, DC 20037); phone: 202-663-0405; fax: 202-663-0449; email: [GTM-EX-ASU@state.gov](mailto:GTM-EX-ASU@state.gov)).

**My HR Technician does not respond to my requests to add my newborn to my dependency report and my travel orders:**

If you are in the Washington, D.C. area, a visit to your HR Tech's office may help expedite things if you have not received a response to emails or phone calls after a couple of days. Check the Global Address List in Outlook to see where your Tech's office is located. If you are not in the D.C. area, daily phone or email contact is recommended, politely highlighting the time-sensitive nature of your request. Be pleasantly persistent, but please bear in mind that HR Techs have thousands of clients. If you are within 10 days of travel and still have not received the amended orders, contact GTM/EX Deputy Director Theresa Renner at [RennerTA@state.gov](mailto:RennerTA@state.gov) and ask for assistance.

**I need to apply for a passport for my newborn:**

If you are in the United States, locate the closest Passport Agency or passport application acceptance facility to your medevac location. If you are in the D.C. area, you can hand-deliver the application to the Special Issuance Agency.

If you are overseas, contact the consular section at the U.S. Embassy where your child was born, specifically the American Citizen Services unit (ACS).

You will need to submit the application form; the no-fee passport letter (for diplomatic and official passports, the letter is provided by MED after you notify them of your arrival to medevac point); the DS-1604 (provided by HR Tech after

you add your infant to your dependency report); your infant's birth certificate; and a suitable photo. Both parents and the baby will need to appear in person when submitting the application. If one parent cannot attend, a notarized form DS-3053 will be required.

**I want to arrange a layette shipment:**

Work with your HRO or MO at post to send in a cable that certifies that suitable layettes are not available locally. This cable should be submitted to your GTM/EX HR Technician (GTM/EX/International Domestic Support Division) requesting that your original travel orders be amended to authorize a layette shipment.

Arrange pack out and shipment through the office of transportation and travel (A/LM/OPS/TTM): tel.: 202-663-0891/0892 or 800-424-2947; fax: 202-663-0967); email: [TransportationQuery@state.gov](mailto:TransportationQuery@state.gov).

**I arrive back at post and need to submit my travel voucher:**

Contact your FMO.

**I have questions about reimbursement of my medical bills or a status of a submitted bill:**

Contact Medical Claims: tel. 202-663-1886; email: [MEDCLAIMS@state.gov](mailto:MEDCLAIMS@state.gov).

## Appendix 2: Timeline Cheat Sheet

- Early on in your pregnancy: Notify post health unit or Regional Medical Officer (RMO)
- Before 18 weeks: Prenatal screening recommended between 10-23 weeks and at 18-22 weeks gestation
- 28 – 30 weeks: Obtain travel orders; travel fund cite; and copies of authorizing cable and budget cable from post health unit
- Travel Reservations: Reserve tickets, lodging (possible before you receive your travel orders)
- Apply for Travel Advance
- Obtain a Letter of Authorization for Medical Services (DS-3067) and a letter from your doctor or health unit for the airline that certifies you are fit for travel
- Collect all necessary information and documents to take with you
- Immediately after arrival at medevac point, telephone MED Foreign Programs
- 30 or 45 days after arrival: If you applied for travel advance at post, submit a supplemental voucher through post
- Immediately after birth: Contact MED/FP to provide the baby's birth stats. This medical information will be used for comparison to the one month physical exam, to assess the baby's growth, and to issue medical clearance
- Obtain Birth Certificate as soon as possible after birth
- Add the new baby as a dependent as soon as possible after birth by submitting Form OF-126 and either the hospital statement of birth or birth certificate; send a copy of the updated OF-126 to MED/Medical Records
- If you deliver your baby overseas, obtain Consular Report of Birth Abroad (CRBA) at the local consulate section
- Apply for passport domestically at SIA, Passport Agency, or other authorized passport application acceptance facility; or overseas at the local U.S. Consulate Section
- Obtain visa for your newborn if necessary
- 4 weeks after birth: Submit DS-1622 (medical clearance for your newborn) -to MED Foreign Programs. MED/FP will notify your travel tech that your newborn is medically cleared and to amend your travel orders and add your newborn
- 4 to 6 weeks after birth: Submit ACOG (postpartum exam form for you) to MED/FP to reinstate your clearance
- Send a copy of the amended travel orders to the Travel Management Center (TMC) or post travel unit, CWT/SATO Travel via email at [DOSTA@cwtsatotravel.com](mailto:DOSTA@cwtsatotravel.com) to acquire airline tickets.
- Within 7 days after return to post: File your Travel Vouchers with FMO.

### Appendix 3: Calculating Per Diem <sup>35+</sup> Example

Your medevac fund cite cable authorizing your medical evacuation travel for obstetrical care will state the total amount (both lodging and M&IE) you and your minor child/children are authorized to use during your medevac (note that this amount may change based on the exact arrival date of your baby).

If you need to estimate your maximum per diem for your medevac before you receive your authorization cable, you will need to find the current per diem rates (both lodging and M&IE) in your medevac location. Note that CONUS lodging rates may vary month to month. Per diem rates in the continental United States ("CONUS Rates"), including Washington, D.C., are available here:

<http://www.gsa.gov/portal/category/100120>.

Once you know your maximum daily per diem rate in a given month, you can calculate your maximum allowance for the 90-day period based on the number of travelers (are you travelling alone or with a minor child or children?), the number of days of medevac in a given month, days spent in a hospital (you generally do not receive per diem while you and your newborn are hospitalized), and the exact birthday of your newborn.

**Example:** Assume you are travelling with one minor child (who qualifies for 50 percent of an adult rate); your new baby is born on March 5; you leave your current post on January 21st and return on April 20th; and spend 3 days in a hospital (during which only your minor child receives per diem). The maximum per diem rate is calculated in the following way:

Month	# Persons	# Days	Lodging Rate Per Day	Lodging Per Day	Total Lodging	M&IE Rate Per Day	M&IE Per Day	Total M&IE	Total Per Diem
January 21-31	1.5	11	\$177.0	\$265.5	\$2,920.5	\$71.0	\$106.50	\$1,171.50	
February 1-28	1.5	28	\$177.0	\$265.5	\$7,434.0	\$71.0	\$106.50	\$2,982.00	
March 1-5	1.5	5	\$229.0	\$343.5	\$1,717.5	\$71.0	\$106.50	\$532.50	
March 6-8	0.5	3	\$229.0	\$114.5	\$343.5	\$71.0	\$35.50	\$106.50	
March 9-31	2	23	\$229.0	\$458.0	\$10,534.0	\$71.0	\$142.00	\$3,266.00	
April	2	20	\$229.0	\$458.0	\$9,618.0	\$71.0	\$142.00	\$2,840.00	
<b>Total</b>		<b>90</b>			<b>\$32,109.5</b>			<b>\$10,898.50</b>	<b>\$43,008.00</b>

This means that if your baby arrives on March 5, you will be authorized to receive per diem of \$10,898.50 for M&IE without any receipts, and use up to \$32,109.50 for lodging that will require receipts. If you sign a lease for a house or apartment to use during the medevac period, cost of lodging should not excessively exceed market rates for temporary rentals.

## Appendix 4: Quick List of Forms Relevant to Obstetrical Medevac

Form Number	Form Name	Where to Find/Who Issues the Form	Purpose of Form
DS-3067	Letter of Authorization for Medical Services	MED will issue after you notify them that you have arrived in the U.S. for medevac	Authorizes DOS to act as secondary payer for hospitalization-related expenses
JF-55	Request and Voucher for Advance of Pay	<a href="https://myapps.servicenowservices.com">myapps.servicenowservices.com</a> on the Department intranet and/or your FMO	This is the means by which you can both request an advance of per diem prior to going on medevac and also voucher expenses upon return to post
OF-126	Foreign Service Residence and Dependency Report	GEMS Self-Service or MED also includes a copy in the packet they send after your arrival at medevac location <a href="https://myapps.servicenowservices.com">myapps.servicenowservices.com</a>	Adds newborn as a dependent of Department employee, must be submitted before passport application can be submitted
DS-1640	Request for Passport Services	GTM HR Tech issues this after the OF-126 is processed <a href="https://myapps.servicenowservices.com">myapps.servicenowservices.com</a>	Required for processing official and diplomatic passport applications, must be submitted with that application
DS-11	Passport Application	Can be found on <a href="https://travel.state.gov">travel.state.gov</a> , or MED includes a copy in the packet they send after you arrive at your medevac location	Required to obtain infant's civilian and official passports

DS-3053	Statement of Consent or Special Circumstances: Issuance of a Passport to a Minor under Age 16	Can be found on <a href="http://travel.state.gov">travel.state.gov</a> , or MED includes a copy in the packet they send after you arrive at your medevac location	Required if both parents are not able to personally appear when submitting passport application. A copy of the non-appearing parent's official ID will also be needed.
DS-1622	Medical History and Exam for Foreign Service for Children under Age 11	<b>MED includes a copy</b> in the packet they send after you arrive at your medevac location	Required to issue child's medical clearance. Your newborn's pediatrician will fill this out at infant's four-week birthday. Child cannot be added to travel orders without valid, current medical clearance.
	ACOG post-partum form	<b>MED includes a copy</b> in the packet they send after you arrive at your medevac location	Required to reinstate birth parent's medical clearance. OB completes form at final post-partum exam, usually 4-6 weeks after birth (doctor determines when this exam should take place).

## **Appendix 5: Useful sites for regulations related to OB medevac and leave**

The Family and Medical Leave Act of 1993 (FMLA) and Paid Parental Leave:  
[3 FAM 3530 FMLA and Paid Parental Leave](#)

Resources provided by MED:

<http://med.m.state.sbu/clinicalservices/foreignprograms/default.aspx>

## Endnotes

1. The key source of information in this guide is [16 FAM 300](#) (Medical Travel)
2. [16 FAM 315.2](#) (Delivery Outside the United States)
3. FEPLA also provides 12 weeks of paid leave for the adoption or foster placement of a son or daughter which is covered in the **Adoption Guide**. (NOTE: **The Adoption Guide** is being revised as of September 2020)
4. [16 FAM 315.2](#) (Delivery Outside the United States)
5. Source: "Obstetrical Travel" guide prepared by the Bureau of Medical Services (MED)
6. [3 FAM 3420](#) (Sick Leave) and [3 FAH-1 H-3420](#) (Sick Leave)
7. Per illness. Note: The maximum 240 hours of advanced sick leave is for full-time employees. Part-time employees would be allowed a maximum of their pro-rated sick leave accrual for 30 days.
8. [3 FAM 3428](#) (Sick Leave)
9. See 5 CFR 630.209 for more information and the (very few) exceptions to this general rule.
10. [3 FAM 3420](#) defines a leave year as, 'the period beginning with the first day of the first complete pay period in a calendar year and ending with the day immediately before the first day of the first complete pay period in the following calendar year.' In short, the leave year closely follows the calendar year, but generally starts and ends a little after Jan 1st. So, a person giving birth earlier in the year will be able to request more advanced leave than someone having a baby later in the year.
11. [16 FAM 317](#) (Medical Travel)
12. [14 FAM 572.2](#) (Maximum Rates)
13. [14 FAM 572.3-2](#) (Reductions from Lodging Allowance)
14. Your dependent children may be authorized to travel with you if they are incapable of caring for themselves during your medevac, provided no suitable arrangement can be made at the post. In these instances, the principal officer or his/her representative shall verify that the conditions are met and the travel is in the best interests of the U.S. government. In such cases, the family member(s) should be included on your travel orders and will be eligible for (reduced) per diem.
15. [16 FAM 316.2](#) (Family Members)

16. [16 FAM 315.2](#) (Travel for Obstetrical Care)
17. [16 FAM 315.2](#)
18. [16 FAM 317.1\(c\)](#) (Per Diem for Medical Evacuation, Complicated obstetrical care)
19. [16 FAM 317.2](#) (Per Diem for Newborns)
20. [4 FAM 463.2](#)
21. [16 FAM 317.4b](#) (Per Diem in Conjunction With Other Travel)
22. [16 FAM 316.2](#) (Family Members)
23. [14 FAM 572.3-4](#) (Reductions in Payment of Per Diem for Family Members)
24. DSSR 132.2b(2)
25. [https://aoprals.state.gov/content.asp?content\\_id=262&menu\\_id=81](https://aoprals.state.gov/content.asp?content_id=262&menu_id=81)
26. [3 FAM 3914](#), NOTE 3 (Language Incentive Pay)
27. OPM cites Civilian Personnel Law Manual in Chapter 5, Section B, 9 and 10  
<http://www.gao.gov/special.pubs/og96006.txt>
28. [3 FAH-1 H-3462](#) (Local Holidays)
29. [14 FAM 613.4](#) (Shipment of a Layette)
30. [4 FAM 445.6](#) (Recovering Medical Insurance Benefits– Post Collection and Remittance)
31. [4 FAH-3 H-463.1-4](#) (Travel and Travel Advances)
32. [4 FAH-3 H-463.1-4](#) (Travel and Travel Advances)
33. [4FAH-3 H465.1-1a](#) (Traveler's Responsibility) - Travel and Travel Vouchers
34. [3 FAM 3860](#) (Lactation Policy)
35. [14 FAM 570](#) (Per Diem)