Request For
Premium Class Common Carrier Travel Accommodations
For Travelers With Medical Conditions

This form is to be completed and maintained in your IC travel files as support for a Travel Authorization prepared for a traveler who is not able to fly "Coach Class" due to a medical condition. While NIH policy doesn't permit the purchase of "First Class" tickets using appropriated funds for medical reasons, the purchase of "Business Class" and "Coach Plus" tickets is permitted based upon medical justification submitted to and supported by NIH's Office of Occupational Medical Service (OMS). An exception is made to the prohibition of not allowing "First Class" tickets when an airline flight only has two classes of accommodations, i.e., coach and a higher class which may be labeled as "First Class". The definitions regarding types of cabin accommodations used in this form come from either the Federal Travel Regulations and/or the HHS Travel Manual. The Executive Officer's signature is acknowledgment of the request made by the traveler. There is no expectation for the Executive officer to review the medical documentation.

If acceptance of payment for common carrier accommodations is from a non-federal source, i.e., sponsored travel, the non-federal source must make full payment in advance of the travel, either by an in-kind ticket or a check payable to the NIH. The latter requires a waiver form (NIH 2629-1) be submitted and approved by NIH's Senior Travel Official.

Approval travel accommodations will expire at six months, one year, or three years from date of approval, depending upon the documented need (See NIH Manual 1500 Chapter 13-00(D) (1)).

PLEASE CHECK the requested accommodation (Employee/Traveler required information):

☐ **Premium Class Other Than First Class** — Any class of accommodations between coach-class and first-class, e.g.,business-class.

☐ **Coach Plus** — While still in the coach-class cabin, these seats provide certain benefits such as being located on an aisle, or in either a bulkhead or exit row. Airlines may describe these seats as "Coach Elite", "Preferred Coach" or some other similar identifier.

Employee's name/Traveler's Name *(please print)*	Institute/Center (IC)/Organization
Employee's NIH ID Number *(If Applicable)*	Trip start date
Purpose of trip	Trip destination
Employee's/Traveler's Signature	Date

EXECUTIVE OFFICER

IC Executive Officer's Signature	Date

OCCUPATIONAL MEDICAL SERVICE

OMS Assessment

☐ The documentation submitted for review supports the request for a period of:

- ☐ 6 months
- ☐ 1 year
- ☐ 3 years

The documentation allowing for other than coach class travel is good for

- ☐ Flights having duration, greater than three (3) hours
- ☐ All flights regardless of flight duration

☐ The documentation submitted for review while supporting "Premium Class" also indicates that "Coach Plus" should first be considered if available.

☐ The documentation submitted for review does not support the request.

Date request form received by OMS

Date medical documentation received by OMS

Date forwarded to DDM

OMS Physician's Comments

Reviewing OMS Physician's Signature	Date

DEPUTY DIRECTOR FOR MANAGEMENT

DDM Determination: ☐ Request approved ☐ Request disapproved

DDM's Signature	Date