

HHT / DIT Application

Section 1 – To be completed by Member					
Move Number:		Rank & Name:			
Service Number:		Unit:			
COS Date:		Posted to:			
Authority (message)		Current Address:			
		Distance – old to new place of duty:			
Anticipated vacate date of current residence:					
Approved HHT / DIT Dates from _____ to _____.					
Leave approved in conjunction with HHT/DIT for the period from _____ to _____.					
Travel arrangements must encompass the entire period:					
Departure Date to New Place of Duty: _____ flights booked to coincide with this date.					
Departure Date to Return to Old Place of Duty: _____, flights booked to coincide with this date.					
<p><u>Note:</u> It is understood the HHT/DIT approval encompasses the final day of HHT/DIT expenses when travel is over multiple days. Expenses during leave are not reimbursed through the CAFRD unless authorized an extended HHT under article 4.2.02 and Custom funds are available.</p>					
<input type="checkbox"/> Traveling alone		<input type="checkbox"/> Spouse traveling alone		<input type="checkbox"/> Accompanied by spouse	
				<input type="checkbox"/> And/or children	
Travel options (check which one applies)		<input type="checkbox"/> Air	<input type="checkbox"/> PMV	<input type="checkbox"/> Train	<input type="checkbox"/> Bus
					<input type="checkbox"/> Rental Car
Additional days (applies to HHT only): I will require _____ additional days as per the CAFRD.					
I am aware of my CAFRD entitlements and I hereby apply for a(n):					
<input type="checkbox"/> First HHT		<input type="checkbox"/> Second HHT		<input type="checkbox"/> Extended HHT	
				<input type="checkbox"/> Unaccompanied HHT	
				<input type="checkbox"/> DIT	
				<input type="checkbox"/> IPR HHT	
If there are any changes to this application, I will ensure Contracted Relocation Service Provider (CRSP) is notified immediately.					
I am responsible for obtaining permission to live outside the geographical boundaries of the area I am posted to.					
_____			_____		
Member Signature			Date		
Section 2 To be completed by Origin Local Authority (Losing Unit)					
I hereby authorize _____ to conduct a(n) _____ from _____ to _____.					
<u>Note 1:</u> Travel dates to include the travel day the Member arrives back to their residence after HHT/DIT completed.					
<u>Note 2:</u> Except for IPR moves and HHT/DIT conducted by the spouse and/or dependant(s) on behalf of the member.					
I hereby authorize TD at the same location before/after the HHT/DIT. Member will be on TD at HHT/DIT location for the period of _____ to _____ (before/after HHT/DIT dates).					
<u>Note 3:</u> TD Message/Claim/Authorization must be provided by Member with this application to book travel. Expenses before/after HHT/DIT are not reimbursed through the CAF RP.					
_____		_____		_____	
Origin Local Authority		Date		Unit	
Section 3 To be completed when HHT/DIT is outside Canada (Gaining Unit)					
Authority is required from the Gaining Support Unit prior to proceeding on HHT/DIT outside Canada.					
Prior to obtaining approval/signature of the losing unit Local Authority (Section 2), attach either a copy of the message authorizing the _____ or the gaining unit approval/signature as per below.					
I hereby approve the _____.					
_____		_____		_____	
Destination Local Authority		Date		Unit	

Upon completion, upload to the “Documents” section on your CRSP Member Secure Website under “Origin”