

Eastern Missouri Probation – Recurrent Travel Request

Name: _____ USPO: _____

Employment Travel

Employer Information: _____

Supervisor: _____ Job Type: _____

Address: _____

Phone: _____ Email: _____

Location of Recurrent Travel: _____

Reason for Recurrent Travel: _____

Family Travel

Family Member's Name: _____ Relationship _____

Address: _____

Phone: _____ Email: _____

Others living in that home: _____

Reason Recurrent Travel Would Be Needed: _____

If you are noncompliant with your conditions of supervision, travel permits may not be approved. Travel permits can be revoked after approval if noncompliance occurs or is uncovered, there was false information provided, or other concerns. _____ **initials**

All non-emergency travel permits must be completed in full and are to be submitted 15 business days in advance to your officer. _____ **initials**

Signature

Date submitted

mode of submission, circle: in person
mail text left at office other