

Travel Companion Information Update Form

Important: This form must be submitted to the DGS Business Process Department, Department 937, ATG, in order to receive pass privileges with Delta Air Lines.

1 – Employee Information Always complete this section in its entirety

PPR Number:

Last Name	First Name	Middle Initial	Today's Date
Social Security No.		Department/Station	Hire Date

Important: Travel Companions are not eligible for medical/dental benefits. The purpose of this form is to designate a travel companion for pass privileges only. If you are married, you may have spouse pass privileges or companion pass privileges but not both at the same time. Married employees who designate a travel companion will lose spouse pass privileges until the employee revokes his/her travel companion designation and redesignates his/her spouse as eligible for spouse pass privileges. This can only be done effective as of the employee's pass anniversary date. The parents of single employees (with or without children) who designate a travel companion will not be eligible for Transoceanic flight days (without service charge).

Form must be received by DGS Pass Bureau 2 weeks prior to pass anniversary date.

2 – Action Needed check one and complete all sections

Add New Travel Companion

Is this Travel Companion currently receiving pass privileges as a nondependent or parent? YES NO

A travel companion may be designated once every pass anniversary year. If this is a change of travel companion, the change will not be effective until your next pass anniversary date.

Correct Travel Companion Personal Information

Report Death of Travel Companion

Reinstate Spouse Pass Privileges?

Date of Death: _____

YES NO

If adding a new companion, please complete a separate Travel Companion Information Update Form

Revoke Travel Companion and add spouse

DGS Employee Information & Update Form must be completed in addition to this form.

Marriage Date: _____

Revoke Travel Companion

Reinstate Spouse Pass Privileges on next pass anniversary date?

Please specify Revoke Date: _____

YES NO

If you wish to designate a companion for your next pass anniversary year, you must complete a separate Travel Companion Information Update Form and submit it prior to your next pass anniversary date.

3 – Travel Companion's Personal Information Always complete this section

Last Name	First Name	Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
City	State	Zip	Date of Birth:

Identification Number (Provide one of the ID numbers below)

<input type="checkbox"/> Social Security (Preferred):	Home Phone:
<input type="checkbox"/> Government ID:	Cell Phone:
<input type="checkbox"/> Passport # and Country:	Business Phone:
Relationship to employee: <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other (explain below)	

4 – Employee’s Signature *Signatures required or form will be returned*

I certify that I have advised my travel companion that companion travel is subject to rules and regulations governing non revenue travel, including dress code and conduct requirements. I have specifically advised my travel companion that all travel is on a space available basis, regardless of any amount paid for the travel companion pass.

I understand that I am responsible for my travel companion’s conduct while traveling on a travel companion pass and that the failure of my travel companion to comply with any rules or regulations governing pass travel, as outlined in Delta Air Lines’ HRP 1014, including dress code and conduct requirements, can result in the suspension or termination of my travel privileges as well as those of my travel companion and may also result in disciplinary action regarding my employment up to and including termination.

I understand that there must be a resubmission of this form to reinstate spouse travel benefits at the pass anniversary date. Terminating a travel companion does not automatically reinstate my spouse.

As with spouse and dependent travel, companion travel is governed by Delta’s rules and regulations and no court awarded travel companions will be permitted.

I also certify that the information provided with respect to myself and my travel companion is true and correct. I am aware that the information provided is subject to verification and falsifying this information can lead to termination of my and my travel companion’s non-revenue travel privileges and recovery of the value of improperly provided travel.

To the extent that my travel companion exceeds his/her allotment or if any of the above information is not correct resulting in the need for a payroll deduction, Delta is authorized to make that deduction, from any wages or benefits due me, including any payments due upon termination of my employment.

Employee’s Signature

Date

5 – Travel Companion’s Signature *Signatures required or form will be returned*

I certify that the above information is true and correct. I agree to comply with all rules as they may exist at the time of travel that may be applicable to non revenue travel in general and companion travel specifically. I understand companion travel is on a space available basis regardless of any amount paid for the travel companion pass. Failure to abide by any applicable rule can result in revocation of my companion travel.

Travel Companion’s Signature

Date

Send via Company Mail to: DGS Pass Coordinator, Dept. 937, ATG

Or send US mail to: DAL Global Services
Business Process / Dept. 937
980 Virginia Avenue, 4th Floor
Atlanta, GA 30354

Or FAX to: 404-677-1486