Print Form

MCBJ COMPENSATORY TIME FOR TRAVEL (CTT) REQUEST AND APPROVAL FORM

Travel Authorization #:	Trip Dates:
Name:	
My regularly scheduled work week is (e.g., Mon - Fri):	Pay Period Ending:

--- Travel From Home---

Travel Date	Activity Description	Time From	Time To	Hours	Minutes

--- Travel From TAD Site---

Reset Form

Travel Date	Activity Descritption	Time From	Time To	Hours	Minitues
Total Hours Claimed:					
Reduce time by amount that overlaps regular duty hours or for bona fide meal period(s):					
Total Creditable Hours Claimed:					

Signature of Employee and Date Signed
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Supervisor or Approving Official and Date Signed
I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN REVIEWED AND IS CORRECT.

1. Submit this form to your supervisor or approving official.
2. Include copy of travel order, travel claim, and itinerary.