COMPENSATORY TIME FOR TRAVEL (EXEMPT EMPLOYEES ONLY)

PART I

EMPLOYEE'S NAME	PREFIX & PAY NUMBER	PAY PERIOD ENDING

NORMAL WORK SHIFT HOURS START : STOP :	CODE	EXT.

TRAVEL POINT OF ORIGIN	DOCUMENT NAME: DTS
1ST DESTINATION	JOB ORDER NUMBER
2ND DESTINATION	4TH DESTINATION
3RD DESTINATION	5TH DESTINATION

Normal commuting distance from home to work: **Normal commuting time:**

COMPENSATORY EVENT	DATE	FROM	TO	HOURS Total	HOURS Creditable
			Total authorized		

PART II

EMPLOYEE CERTIFICATION

I certify the information provided above is correct to the best of my belief. Meal, rest, and otherwise compensable periods have been excluded.

EMPLOYEE 'S SIGNATURE DATE

PART III

I certify I have reviewed the information above, applied the entitlement criteria established by the Office of Personnel Management, and authorize posting of the compensatory time.

SUPERVISOR'S NAME AND TITLE SUPERVISOR'S SIGNATURE DATE

Retain completed form for 6 years. Ref: FMR, Vol.8, Chapter 2, para. 020703 (FEB 2002)

FOR OFFICIAL USE ONLY PRIVACY SENSITIVE
ANY MISUSE MAY RESULT IN BOTH CIVIL AND CRIMINAL PENALTIES