

COMPENSATORY TIME FOR TRAVEL WORKSHEET FOR NON-LOCAL TRAVEL

Name:	FIRST Travel Date:	Next Date:	Next Date:	Next Date:	Next Date:	LAST Travel Date:						
Org. Dept:	<input type="checkbox"/> HOME <input type="checkbox"/> OFFICE	<input type="checkbox"/> HOTEL <input type="checkbox"/> WORKSITE	<input type="checkbox"/> HOME <input type="checkbox"/> OFFICE									
Supervisor:	City FROM:	City FROM:	City FROM:	City FROM:	City FROM:	City FROM:						
Mode of Travel: FLIGHT TRAIN AUTO												
Tour of Duty (work schedule, e.g. 8:00 -5:00) from to	City TO:	City TO:	City TO:	City TO:	City TO:	City TO:						
Normal commute time from home to office: ____												
ACTION ITEM / TIME	Actual	Credit	Actual	Credit	Actual	Credit	Actual	Credit	Actual	Credit	Actual	Credit
Travel TO Airport Terminal (from home or office).												
Time WAITING at Airport / Train Terminal (not to exceed 2 hrs, 3 hrs for international travel)												
Additional time due to DELAY or CANCELLATION* of scheduled departure.												
Travel Time (Length of Flight/Train/Driving time).												
Time WAITING at Airport / Train Terminal (not to exceed 2 hrs, 3 hrs for international travel)												
Travel time FROM Airport/Train Terminal to final destination (office, worksite, hotel, home)												
<i>(Time recorded in 15 min increments)</i> TOTALS												

**Reduce the total hours by; Time that overlaps regular duty hours; Personal time for sleep, shopping, etc., during the wait periods and Regular commuting time for trips to and from the initial and final departure terminal and home.*

**If flight/train is cancelled, waiting time may be credited up to the time that the employee is notified or becomes aware of the cancellation; travel time to and from a hotel may be credited for an overnight stay.*

TOTAL COMPENSATORY TIME	
APPROVED BY:	
Supervisor's Signature	Date

Employee Signature**Date**