MCBJ COMPENSATORY TIME FOR TRAVEL (CTT) REQUEST AND APPROVAL FORM										
Travel Authorization #:			Trip Dates:							
Name:			1							
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										

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.									