COMPENSATORY TIME FOR TRAVEL (CTT) TRACKING FORM							
Name of Employee:							
1	2	3	4		5	6	7
Travel Authorization Number	Date Hours Earned From - To	Number of Hours Earned	Date Hours Credited	Pay Period Number	Date Hours Used	Number of Hours Used	Cumlateve Balance
				<u> </u>			
	nd Pay period num date(s) the employ			CTT earned.			
Column 6: CTT ho	ours must be used I	by the end of the 2		aftethe pay p	eriod in which	it was credite	ed.
(Reference Pay p	eriod number in col	umn 4 above.					
A COPY OF THIS	TRACKING FOR	M MUST BE MAIN	TANED BY TI	HE EMPLOYE	E'S TIMEKE	EPER.	