ORA Standard Compensatory Time for Travel (CTT) Request Template

1.	Name:	
2.	Traveling To:	
3.	Traveling From:	
4.	Anticipated Travel Date to Begin:	
5.	Anticipated Travel Date to End:	
6.	Estimated Hours of CTT to Earn:	
7.	Employee Signature & Date:	
8.	Supervisor Signature & Date:	
9.	Additional information to support the hours of anticipated CTT requested (if applicable). Example 1: Antic an extended layover in Miami as stated on Travel Authorization (TA). Example 2: Travel covers multiple Providences during a foreign inspection.	ipate

Please note: This form is to request the approval to earn CTT based on your best estimate. The total hours of CTT earned may not be the same however if more hours are being claimed than approved, please just describe the circumstances in the notes of your claim.

For more information regarding work related travel, please go to $\frac{https://intranet.hhs.gov/hr/leavepaytime/timekeeping-guide/chapter-8.html}{}$

ORA Standard Compensatory Time for Travel (CTT) Claim

1. Official Travel Date Start: Official Travel Date Ended:
2. Please select & complete where you started your travel from, actual time leaving and Time Zone:
Left from Officeam/pmTime Zone
Left from Homeam/pmTime Zone
If leaving from home to start your travel, please complete the below information:
3. My normal home to office commute is:minutesmiles
4. Type of travel, please check the appropriate line:
Domestic: (Travel within the United States & U.S Territories)
Foreign: (Travel outside the United States & U.S Territories) (Please note that if you do additional travel from country to country, it is all considered Foreign Travel.
5. Please complete the following information:
Date/Time of Departure & Location of Transportation Terminal: Time of Arrival at Destination w/Timezone: Total Number of Hours in Travel:
Date/Time of Departure & Location of Transportation Terminal: Time of Arrival at Destination w/Timezone: Total Number of Hours in Travel:
Date/Time of Departure & Location Transportation Terminal:
Time of Arrival at Destination w/Timezone:
Total Number of Hours in Travel:
Date/Time of Departure & Location of Transportation Terminal:
Time of Arrival at Destination w/Timezone: Total Number of Hours in Travel:
6. Additional Comments/Information Notes:
7. Total Hours CTT Claimed:
8. Employees Signature/Date:
9. Supervisors Signature/Date:
10. Timekeeper Signature/Date Entered into ITAS:

Instructions for ORA Standard Compensatory Time for Travel (CTT) Request and Claim Template

ORA Standard Compensatory Time for Travel (CTT) Request Template

- 1. Name: Last, First, Middle Initial
- 2. Traveling To: Domestic City/State or Foreign Country/APO (location/Province)
- 3. Traveling From: Tour of duty location (home address or work address) City/State or Foreign address
- 4. **Anticipated Travel Date to Begin**: The anticipated date the Traveler intends to travel (i.e. MM/DD/Year)
- Anticipated Travel Date to End: The anticipated date the Traveler intends to return (i.e. MM/DD/Year)
- 6. **Estimated Hours of CTT to Earn**: Estimated hours of CTT to earn (Timeframe the Traveler anticipates earning CTT outside normal working hours for the entire travel)
- 7. **Employee Signature/Date**: Employee will sign and date (Electronic signature is acceptable)
- 8. Supervisor Signature/Date: Supervisors will sign and date (Electronic signature is acceptable)
- 9. **Additional information to support the hours of anticipated CTT Requested (if applicable)**: Provide additional information to support the anticipated hours the traveler intends to claim for CTT: (i.e. Extended layover in Miami is anticipated as stated on Travel Authorization (TA) or 3 additional Provinces being covered during trip in traveling through multiple foreign countries.

ORA Standard Compensatory Time for Travel (CTT) Claim Template

1. Official dates of travel start and end: (MM/DD/YEAR)

2. Please select and complete where you started your travel from, actual time leaving and Time Zone: Please keep time in the time zone used during departure. For example: If you started in eastern standard time zone please keep the same time zone when calculating your arrival time to your destination.

3. If leaving from home to start your travel, please complete your normal home to office commute, both minutes and miles:

An employee's time spent traveling outside of regular working hours to or from a transportation terminal *within* the limits of his or her official duty station is considered equivalent to commuting time and is **not** creditable time in a travel status for earning compensatory time off for travel.

Less than 45 Miles: Normal commute time cannot be calculated for Compensatory Time for Travel.

More than 45 miles: Deduct normal commute time from the total travel time to the transportation terminal on both your departure and return dates even if it is a non-workday.

4. Type of travel, please check the appropriate line:

Domestic: Travel within the United States and U.S. Territories **Foreign**: Travel outside the United States and U.S. Territories

5. Please complete the following information for each leg of your travel:

Date/Time of Departure & Location of Transportation Terminal: Example: MM/DD/YEAR, Time Left: 7:00 a.m. Eastern Standard Time, Transportation Terminal (i.e. Thurgood Marshall Baltimore Washington International Airport BWI) **Time of Arrival at Destination (Temporary duty station or temporary quarters) w/time zone**: Time arrived at the traveler's destination (i.e. 10:00 a.m. Eastern Standard Time).

Total Number of Hours in Travel: Total number of hours traveled (i.e. 3 hours)

6. Additional Comments/Information Notes:

Provide additional information to support hours claimed for CTT (i.e. Weather conditions and or flight delays)

7. Total Hours CTT Claimed:

Hours the traveler intends to claim for CTT

Note: CTT can only be claimed for hours that are not compensable. (i.e. Traveling on holidays and traveling during work hours are compensable hours and cannot be claimed as CTT.)

8. Employees Signature/Date:

Employee will sign and date (Electronic signature is acceptable) Submit to Supervisor for approval

9. Supervisors Signature/Date:

Supervisors will sign and date (Electronic signature is acceptable) Submit to Employee's timekeeper for processing

10. Timekeeper Signature/Date entered into ITAS:

Timekeeper will sign and date (Timekeeper will keep in employee's timekeeping file for the required 6 years' retention period.)