**EPA INTERIM FORM FOR REQUESTING, APPROVING AND TRACKING**
***TRAVEL COMPENSATORY TIME OFF (TCTO)***
**[applicable to each individual travel authorization, either single or multiple dates]**

| | |
|---|---|
| **EMPLOYEE=S NAME:** | Eric M. Daly |
| **EMPLOYEE=S EPA IMPL ID NUMBER (PeoplePlus Only)** | 00021336 |
| **EMPLOYEE=S ORGANIZATION** | USEPA Region 02-ERRD-RPB |
| **EMPLOYEE=S REG. SCHEDULED TOUR OF DUTY** | 8 Hour Tour |
| **TRAVEL AUTHORIZATION NUMBER** | |
| **TRAVEL VOUCHER NUMBER** | NFB & HTC Site Assessments |

**OFFICIAL TRAVEL**

| DATE (one line per flight or leg of trip) | USUAL TERMINAL WAITING TIME | ADDITIONAL WAITING TIME* | ACTUAL TRAVEL TIME ** | BONA FIDE MEAL PERIOD(S) | TCTO REQUESTED OR CREDITABLE |
|---|---|---|---|---|---|
| 05/19/2017 | | | 4.5 Hours | | **4.5 Hours** |
| | | | | | |
| | | | | | |

* This does not include time that is available to the employee for personal use (resting, sleeping, shopping, etc.). **Time physically traveling on the plane, train, etc.

EMPLOYEE REMARKS (Attach additional page(s), if more space is needed):

EMPLOYEE CERTIFICATION: I certify that the information submitted by me in this request for credit for Compensatory Time Off is true and accurate to the best of my ability.

Eric M. Daly

Signature of Employee

05/01/17
Date

| SUPERVISORY REVIEW AND SPECIAL MANDATORY CONSIDERATION--OTHER COMPENSATION DISQUALIFICATION | | | | |
|---|---|---|---|---|
| Is the employee receiving any form of compensation for any of the time claimed in this request [overtime, overtime compensatory time off, annual premium pay (AUO, LEO availability pay, standby duty pay), holiday pay, Sunday pay, or night pay differential] even if limited in actual payment by an applicable maximum pay limit (biweekly or annual)]? Travel during hours for which the employee is not receiving regular pay, premium pay or other compensation is creditable. | | | | |
| **YES** | | **NO** | | |
| If yes, how much of the time claimed is compensable under another authority? | | | | |
| | | | | |
| TOTAL TIME CREDITED: (Excluding other compensable time and bona fide meal periods and expressed in hours and increments of 15 minutes.) | | | | |
| **DATE UPON WHICH THIS CREDITED TCTO WILL EXPIRE:** [ ] | | | | |
| ***SUPERVISOR=S CERTIFICATION*** (Express time in hours and increments of 15 minutes.)<br>(a). TCTO time granted preliminary approval prior to travel. [ _____Hour(s);_____Minutes]<br>(b). Additional TCTO time not covered by preliminary approval after travel. [_____Hour(s);_____Minutes]<br>(c). TCTO time requested after preliminary approval, but disapproved (reasons attached). [ _____Hour(s); _____ Minutes]<br><> The following hours and minutes of TCTO are approved in final..... [_____Hour(s);_____Minutes] | | | | |
| **REMARKS, SIGNATURE AND TITLE OF SUPERVISOR (attach separate pages if more space is needed for remarks)** | | | | |
| _____ Date: _____ <> _____ Date: _____<br>Preliminary (pre-travel) Approval [local option] Final (post-travel) Approval<br>(Final computation, certification and approval to be rendered after completion of official travel.) | | | | |
| | | | | |

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

| | EXPENDITURE OF CREDITED TCTO DERIVED FROM THIS REQUEST AND APPROVAL (Attach SF-71 to document request and approval of use) | | | |
|---|---|---|---|---|
| **DATE** | **INITIAL BALANCE** | **NUMBER OF HOURS USED** | **NUMBER OF HOURS EARNED** | **NEW BALANCE** |
| 04/25/2017 | 77.5 | | | 77.5 |
| 05/07/2017 | | | 8 | 85.5 |
| 05/19/2017 | | | 4.5 | 90 |
| | | | | |
| | | | | |
| | | | | |

(Applicable to each individual trip)

| CUMULATIVE TCTO BALANCE REFLECTING MULTIPLE TRAVEL AUTHORIZATIONS AND VOUCHERS | | | |
|---|---|---|---|
| TOTAL TRIPS INVOLVED | TOTAL HRS. TCTO APPROVED | TOTAL HOURS TCTO USED | TOTAL HRS. TCTO AVAILABLE |
| | | | |

(for the convenience of a summary tally for an employee=s balance)