EPA --*TRAVEL COMPENSATORY TIME OFF (TCTO)* FORM
(For Requesting, Approving and Tracking TCTO Credit)
[applicable to each individual travel authorization, either single or multiple dates]

EMPLOYEE'S NAME:	James A. Johnson
EMPLOYEE'S EPA SSAN:	
EMPLOYEE'S ORGANIZATION	SUPR / ERNB
EMPLOYEE'S REGLY. SCHEDULED TOUR OF DUTY	Westlake Landfill RIM / Air Monitoring [11/19-24/2015]
TRAVEL AUTHORIZATION NUMBER	Oversee Contractors working 14 hour days and weekends to expedite RIM sampling.
TRAVEL VOUCHER NUMBER	

OFFICIAL TRAVEL Estimated # of TCTO Requested: ___7_____

DATE (one line per flight or leg of trip)	USUAL TERMINAL WAITING TIME	ADDITIONAL WAITING TIME*	ACTUAL TRAVEL TIME **	Other special additions or subtractions	TCTO REQUESTED OR CREDITABLE

* 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.

_____ _____

Signature of Employee Date:

SUPERVISORY REVIEW AND SPECIAL MANDATORY CONSIDERATION---OTHER COMPENSATION DISQUALIFICATION

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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, regularly scheduled standby duty pay), holiday pay, Sunday pay, night pay differential, or part-time non-overtime hours] 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**	X

If yes, how much of the time claimed is compensable under another authority?

_____

TOTAL TIME CREDITED: _____
(Excluding other compensable time, 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.)

(a). TCTO time granted preliminary approval prior to travel. [7 Hour(s); 00 Minutes]
(b). Additional TCTO time not covered by preliminary approval after travel. [Hour(s); Minutes]
(c). TCTO time requested after preliminary approval, but disapproved (reasons attached). [Hour(s); Minutes]

<> 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: _____
Preliminary (pre-travel) Approval [local option] Final (post-travel) Approval
(Final computation, certification and approval to be rendered after completion of official travel.)

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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**	**NEW BALANCE**

(Applicable to each individual trip [optional])

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

(Not required, but provided for the convenience of a summary tally for an employee's balance)

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