

Date: _____ **From:** _____ **Name:** _____
To: _____ **Title:** _____
 _____ **Grade/Step:** _____
 _____ **Location:** _____

I am requesting approval for travel time outside of established tour of duty for the following purpose:

Location(s): _____

Miles traveling away from Duty Station: _____

Check all that apply: Driver Passenger Required Travel Voluntary Travel
 One Day Overnight

Mode of Transportation: (show beginning and ending dates/hours of travel)

	Beginning	Ending	From:	To:
GOV/POV	To _____	_____	_____	_____
	Rtn. _____	_____	_____	_____
Comm Carrier	To _____	_____	_____	_____
	Rtn. _____	_____	_____	_____

Estimated hours needed: _____ **Start Date:** _____ **End Date:** _____

Work Schedule: Maxiflex Compressed Traditional

Tour of Duty:(e.g. 8:00 am – 4:30 pm)_____ **Current Compensatory Leave Balance:**_____

Applicant Signature _____ **Date** _____

Supervisor Concurrence

Supervisor Signature: _____ **Date:** _____

Special Instructions:

Management Team Member (MTM) Concurrence

MTM Signature: _____ **Date:** _____

Special Instructions: