

# TRAVEL TIME FORM (Same Day Travel Only)

Name of Traveler: \_\_\_\_\_

Date of Travel: \_\_\_\_\_

TravelTime(s)\* From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

\*Travel time is time spent on work-related travel, which occurs outside of the employee's working hours.

Unconverted Total Travel Time: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Converted Total Travel Time: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

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**Employer Election (To be completed by Employer representative as necessary)**

The Employer elects to make payment rather than grant time off because:

\_\_\_\_\_ The time off cannot be granted within the applicable time limitation.

\_\_\_\_\_ It is preferable to pay the employee for the travel time.

Signature of Employer Representative: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*  
**TRAVEL TIME OFF TAKEN (Must be within a specified period. See "Travel Time Instructions" for details.)**

Date: \_\_\_\_\_ Amount of Time Off Taken: \_\_\_\_\_

Date: \_\_\_\_\_ Amount of Time Off Taken: \_\_\_\_\_

Date: \_\_\_\_\_ Amount of Time Off Taken: \_\_\_\_\_

\*\*\*\*\*  
**CERTIFICATION OF USE AND/OR FORFEITURE OF ACCUMULATED TRAVEL TIME**

I agree that all of the travel time accumulation indicated above has been used or forfeited.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Employer Representative: \_\_\_\_\_

Date: \_\_\_\_\_