**TRAVEL TIME FORM**

**(Same Day Travel Only)**

**Name of Traveler: Date of Travel:**

**Travel Time(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**

**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:**