REQUEST FOR COMPENSATORY TIME OFF FOR TRAVEL								
(USFK REG 690-1)								
1. NAME					2. DATE SUBMITTED			
3. ORGANIZATION AND OFFICIAL DUTY STATION					4. REGULAR WORK SCHEDULE (Days & Hours, e.g., M-F 0800 to 1700)			
5. TRAVEL AUTHORIZATION #			6. TRAVEL DATES		7. TEMPORARY DUTY STATION (DESTINATION)			
8. ITINER	ARY							
a. DATE	b. TIME		CTIVITY DESCRIPTION a., Drive to Airport)		d. HOURS CREDITABLE	e. HOURS NON-CREDITABLE	f. REMARKS	
9. TOTAL	COMPENSATO	RY T	IME OFF FOR TRAVEL	. EAI	RNED			
10. EMPLOYEE SIGNATURE				11.	11. DATE			
12. SUPE	RVISOR		-					
a. NAME	& TITLE							
b. SIGNATURE				c. DATE				