

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

**AUTHORIZATION FOR EXTENSION TO USE COMPENSATORY TIME OFF
FOR TRAVEL (TCT) UNDER P.L. 108-411**

1. NAME (Last - First - Middle)		2. AGENCY CODE	3. PAY PLAN (GS, SL or FWS)
4. SERIES/GRADE/STEP	5. OFFICIAL DUTY STATION	6. TOTAL NO. OF TCT HOURS TO BE EXTENDED	

7. NATURE OF MISSION EMERGENCY FOR WHICH EXTENSION IS REQUESTED (If additional space is needed, use Page 2)

- (1) Give details of the specific circumstances/emergency causing forfeiture of the unused TCT; and
(2) Provide details as to why the TCT could not have been rescheduled and/or used at another time within the 26 pay period time frame.

ATTACHMENTS REQUIRED (Checklist):

(1) Attach the following approved documents showing:

- a. ☐ TCT leave was formally requested at least 3 pay periods prior to the end of the 26 pay period timeframe.
b. ☐ Dates supervisor approved TCT leave.
c. ☐ Dates of scheduled TCT leave and number of hours scheduled.
d. ☐ Dates TCT leave was rescheduled, if appropriate.
e. ☐ Specific dates TCT leave was canceled and total number of TCT hours forfeited.

(2) ☐ Copy of Time & Attendance sheets for the pay period in which the forfeited TCT was earned and the pay period in which it was forfeited (26 pay periods after the pay period it was earned).

NOTE: For all TCT extension requests, the burden of proof falls on the employee requesting the extension.

8. TCT EXTENSION TIMEFRAME →	BEGINNING DATE	ENDING DATE
9. SIGNATURE (Authorizing Official)	TITLE	10. DATE APPROVED

