

**STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION, DIVISION OF PERSONNEL & LABOR RELATIONS
TRAVEL QUESTIONNAIRE FOR OVERTIME ELIGIBLE EMPLOYEES**

Employee Name: _____

Employee ID: _____

1

DEPARTURE/RETURN:
From: City _____ State _____
To: City _____ State _____
 Date: _____ Day of week: _____
 _____ Required check-in time
 _____ Actual arrival at airport, etc.
 _____ Time of departure
 _____ Arrival at destination
 _____ Pickup of personal baggage
 _____ Meal break start & stop times

DEPARTURE/RETURN:
From: City _____ State _____
To: City _____ State _____
 Date: _____ Day of week: _____
 _____ Required check-in time
 _____ Actual arrival at airport, etc.
 _____ Time of departure
 _____ Arrival at destination
 _____ Pickup of personal baggage
 _____ Meal break start & stop times

5

DEPARTURE/RETURN:
From: City _____ State _____
To: City _____ State _____
 Date: _____ Day of week: _____
 _____ Required check-in time
 _____ Actual arrival at airport, etc.
 _____ Time of departure
 _____ Arrival at destination
 _____ Pickup of personal baggage
 _____ Meal break start & stop times

DEPARTURE/RETURN:
From: City _____ State _____
To: City _____ State _____
 Date: _____ Day of week: _____
 _____ Required check-in time
 _____ Actual arrival at airport, etc.
 _____ Time of departure
 _____ Arrival at destination
 _____ Pickup of personal baggage
 _____ Meal break start & stop times

DEPARTURE/RETURN:
From: City _____ State _____
To: City _____ State _____
 Date: _____ Day of week: _____
 _____ Required check-in time
 _____ Actual arrival at airport, etc.
 _____ Time of departure
 _____ Arrival at destination
 _____ Pickup of personal baggage
 _____ Meal break start & stop times

DEPARTURE/RETURN:
From: City _____ State _____
To: City _____ State _____
 Date: _____ Day of week: _____
 _____ Required check-in time
 _____ Actual arrival at airport, etc.
 _____ Time of departure
 _____ Arrival at destination
 _____ Pickup of personal baggage
 _____ Meal break start & stop times

DEPARTURE/RETURN:
From: City _____ State _____
To: City _____ State _____
 Date: _____ Day of week: _____
 _____ Required check-in time
 _____ Actual arrival at airport, etc.
 _____ Time of departure
 _____ Arrival at destination
 _____ Pickup of personal baggage
 _____ Meal break start & stop times

DEPARTURE/RETURN:
From: City _____ State _____
To: City _____ State _____
 Date: _____ Day of week: _____
 _____ Required check-in time
 _____ Actual arrival at airport, etc.
 _____ Time of departure
 _____ Arrival at destination
 _____ Pickup of personal baggage
 _____ Meal break start & stop times

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

7

Employee Signature Date

Supervisor Signature Date