

Travel Time Credits

Name: _____ **Employee ID:** _____
Department: _____ **Division:** _____
Home Mailing Address: _____ **Headquarters Address:** _____
Job Title: _____ **Work Start:** _____ **Work End:** _____
Period of Claim: From _____ **to** _____ **Scheduled Daily Work Hours (e.g. 7):** _____

Bargaining Unit Management Non-bargaining/Non-management

Purpose for Travel: _____

Travel Date (mm/dd/yy)	Departure Point	Destination	Depart Time (hh:mm)	Arrival Time (hh:mm)	Distance Traveled (KM)	Mode (1)	Total travel time (km traveled / 72)	Overlapping Period (Deduct)	Claim Time (Hours)	Work Day	
										Yes	No
(1) Mode: Private Vehicle Travel - Personal Vehicle (pv), Government Vehicle (gv), Taxi (tx) or Rental Vehicle (rv)											
Total Hours											

Travel Date (mm/dd/yy)	Departure Point	Destination	Scheduled Depart Time (hh:mm)	Scheduled Arrival Time (hh:mm)	Public Transportation Adjustment	Mode (2)	Total travel time	Overlapping Period (Deduct)	Claim Time (Hours)	Work Day	
										Yes	No
(2) Mode: Public Transportation Travel - Air(A) / Ferry(F) / Bus(B) / Rail(R)											
Total Hours:											
Overall Total:											

Comments: _____

Management Employees Only: Please indicate method of compensation. (Please keep in mind maximum TOIL balance that can be accrued) Pay TOIL(Time off in Lieu)
 Please note that other employee groups are to be compensated with pay only.

I certify that the above travel was undertaken by me on Government business and authorized by my Deputy Minister/delegate.
 Employee's Signature: _____ Date: _____

I have verified that the above is correct, that the employee was on Government business and travel was properly authorized.
 Supervisor's Signature: _____ Print: _____ Date: _____

Certified for payment in accordance with S.30(1) of the Financial Administration Act. I have verified that the above is correct, that the employee was on approved Government business and sufficient funds are available for payment.
 Deputy Minister or Delegate: _____ Print: _____ Date: _____

Under the authority of the **Financial Administration Act**, personal information will be collected for the purpose of processing requests. Your personal information is protected by the Access to Information and Protection of Privacy Act and will not be disclosed without consent or authorization. Any questions or comments can be directed to the Compensation and Benefits Service Centre Specialists at 729-7690, 1-888-729-7690 or CompensationBenefits@gov.nl.ca.

Travel Time Credits (OCG-808) Instructions

To print the form on legal paper in PDF please:

Select **File**; Select **Print**; Click on **Page Set-up** (bottom left hand corner); Change **Paper Size** to Legal; Click on the **Ok** button twice

Note:

- The Travel Time Credit form (COG-808) is to be completed for all employees requesting compensation for travel time
- Employees are responsible for ensuring that requests are in accordance with their Collective Agreement or Human Resource Policies
- Employees should consult their Collective Agreement or Human Resource Policy for additional information

General

- Employees are responsible for completing the form, ensuring accuracy, signing and forwarding for approval. If more than one page is required please indicate in the comment section the page number and total number of pages. Please ensure the mode of travel is completed using the abbreviations provided on the form. A copy of the Travel Time Credit form should be retained by the employee to aid him/her in the reconciliation of his/her TOIL balance or to ensure payment received.
- Any allowed adjustments due to traveling by public transportation should be entered in "Public Transportation Adjustment" section of the form.
- Minutes must be converted to hour format when submitting time for total travel time, overlapping period and claim time. To convert the number of minutes to hours take the number of minutes worked and divide by 60 (e.g. you worked 50 minutes you would enter 0.83 minutes, take $50/60 = 0.83$).
- As required by the Department, the form should be reviewed and verified by the employee's supervisor and forwarded for approval.
- The form must be approved for payment by the Deputy Minister or delegate (Authorized Signing Officer). The original approved form should not be returned to the employee instead it should be forwarded by the approver to the Compensation and Benefits Division for processing. Forms should be forwarded for processing by Compensation and Benefits cut off dates (schedule can be found (<http://www.intranet.gov.nl.ca/docs/default.asp>)). Please note that while Compensation and Benefits work to honour deadlines, we ask that you submit your information as early as possible to avoid high volume of submissions on deadline days. High submission volumes may lead to delays in processing. Forms received after cut off will not be processed until the following pay period. Incorrectly completed forms will be returned for correction prior to processing and could result in delays.
- Please ensure that duplicate requests are not forwarded for processing, if faxed or emailed please do not forward original.

A copy of this form can be found on the Public Service Network site (<http://www.intranet.gov.nl.ca/docs/default.asp>) or by contacting the Compensation and Benefits Service Centre. Any questions in completing this form can be directed to the Compensation and Benefits Service Centre.

Compensation and Benefits Service Centre

E-mail: CompensationBenefits@gov.nl.ca

Phone: 729-7690 or 1-888-729-7690

Mailing address:

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