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

Employe	ee Nam	e:			Emplo	yee II	D: _		1
	DEPARTURE/RETURN:				DEPARTURE/RETURN:				
	From:	City _	State		From:	City		State	
	То:	City _	State		То:	City		State	
			Day of week:Required check-in time _Actual arrival at airport, etcTime of departure _Arrival at destination _Pickup of personal baggage _Meal break start & stop times		- - -			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:				DFPA			ETURN:	
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			Meal break start & stop times					Meal break start & stop times	
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	From:	City _	State		From:	City		State	
	To:	City _	State		To:	City		State	
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Employe	e Signa	ture	Date	Supervi	isor Si	gnatur	e	Date	