

USDA  
Form RD 2051-5  
(Rev. 04-05)

RECORD OF FLSA TRAVEL TIME

This form is used for each travel situation (complete trip). This may require the completion of several forms for a complete pay period.

Name			Social Security Number
Title	Series	Grade	Office Telephone
Current Home or Office Address			

If travel involves change of official duty station - consult Personnel Office. If travel involves change in time zone please adjust to reflect hours from originating point (RD Instruction 2051.357 (f)). If personal convenience travel occurs, claim must be adjusted to reflect circumstances as if no personal preference had occurred (RD Instruction 2051.357 (e)).

Grade and Step at time of Claim: \_\_\_\_\_ Date(s) at time of travel: From: \_\_\_\_\_ /To: \_\_\_\_\_

Duty Station and Organizational Unit at time of Claim: \_\_\_\_\_

1. Reason for Travel: (Training; Reporting to Temporary Duty Station; Regular Work Assignment such as: outreach activities, construction inspection, etc.)	2. What were your regular work hours at time of claim? (8:00 am - 4:30 pm - 1/2 hour lunch. If on an alternate work schedule, use hours scheduled for pay period.)
3. If part time state tour of duty: (32 hours - Mon-Thur 8:00 am to 4:30 pm - 1/2 hour lunch.)	4. Normal home to work travel time from residence to official duty station.

SELECT APPROPRIATE TRAVEL SITUATION BELOW.

5. FOR ONE DAY ASSIGNMENTS ONLY - OVER 50 MILES FROM OFFICIAL DUTY STATION:

Were you a <input type="checkbox"/> driver <input type="checkbox"/> passenger?	Beginning of day- Departure time from office or residence _____
Time taken for meal breaks _____ <input type="checkbox"/> Check here and complete below if trip required use of Common Carrier*	End of day- Arrival time at office or residence _____

6. FOR OVERNIGHT ASSIGNMENTS ONLY: (If necessary, please attach list of departure and arrival times.)

Departure date _____	To temporary duty station- Departure Time _____ Arrival Time _____
For total trip were you a <input type="checkbox"/> driver <input type="checkbox"/> passenger?	Time take for meal breaks: _____
<b>* IF ASSIGNMENT REQUIRED THE USE OF COMMON CARRIER:</b>	
Departure Date: _____	Return Date: _____
Were you a <input type="checkbox"/> driver <input type="checkbox"/> passenger to common carrier terminal? - Is the terminal <input type="checkbox"/> over or <input type="checkbox"/> under 50 miles from official duty station? Time _____	Lv. Temp. Duty Station..... Ar. Temp. Duty Station Terminal ..... Lv. Temp. Duty Station Terminal ..... Ar. Common Carrier Terminal ..... Lv. Common Carrier Terminal ..... Ar. Temp. Duty Station Terminal ..... Lv. Temp. Duty Station Terminal ..... Ar. Temp. Duty Station Terminal .....
Lv. Home or Office ..... Ar. Common Carrier Terminal ..... Lv. Common Carrier Terminal ..... Ar. Temp. Duty Station Terminal ..... Lv. Temp. Duty Station Terminal ..... Ar. Temp. Duty Station Terminal .....	Were you a <input type="checkbox"/> driver <input type="checkbox"/> passenger from common carrier terminal to home or office? Is the terminal <input type="checkbox"/> over or <input type="checkbox"/> under 50 miles from official duty station?

7. TRAVEL WITHIN OFFICIAL DUTY STATION (50 MILES RADIUS):

Reason? (meeting, training or work related assignment)	Beginning of day- Departed home or office (example: 6:00 am) _____
I was a <input type="checkbox"/> driver <input type="checkbox"/> passenger.	End of day- Arrived home or office (example: 6:00 pm) _____
Time taken for meal break _____	

SIGNATURE REQUIRED ON REVERSE

RD 2051-5 (Rev. 04-05)

To determine Fair Labor Standards Act (FLSA) designation see block 35 of SF 50-B.

Based on travel information the supervisor must determine what portion, if any, is considered as "work time" under provisions of FLSA, and see that this time is recorded properly on the Time and Attendance (T&A) Report (Form AD-321-3) the current pay period or an amended T&A by the pay period following the travel.

If no travel time is determined as work time or no compensation is due for the time approved, no amended T&A should be sent to National Finance Center. To support the determination, the completed form should be attached to the office copy of the T&A.

(see reverse)

- PROCEDURE FOR PREPARATION : RD Instruction 2051-H.
- PREPARED BY : Employee covered by the Fair Labor Standards Act.
- NUMBER OF COPIES : Original (unless otherwise requested by State Office).
- SIGNATURES REQUIRED : Employee and Supervisor.
- DISTRIBUTION OF COPIES : File with office copy of T&A.

# REVERSE OF FORM RD 2051-5

## PRIVACY ACT

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Department of Agriculture (USDA) is authorized under provisions of Executive Order 9397. The SSN is used as an identified throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the USDA. The SSN also will be used by the USDA and other Federal Agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. This information obtained through use of this form may also be disclosed to Federal, state, and local law enforcement agencies when your agency becomes aware of a violation or possible violation of criminal or civil law, and to a Federal agency conducting an investigation on you for employment or security reasons. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Please Sign and Date:

\_\_\_\_\_

\_\_\_\_\_

FOR APPROVING OFFICIALS USE ONLY			
Time approved: <i>(Please identify holidays)</i>	Hours and Minutes		
	1st week	2nd week	
Sunday .....			
Monday .....			
Tuesday .....			
Wednesday .....			
Thursday .....			
Friday .....			
Saturday .....			
<i>(A total of 7 minutes or less will be dropped.)</i>			
<i>(A total of 8 minutes or more credit 15 minutes.)</i>			
<b>TOTAL</b>	hrs.	min.	hrs. min.
<b>TOTAL TIME APPROVED:</b>	HOURS		MINUTES

FOR AGENCY USE ONLY
Hourly Rate:
Total Hours Approved:
Total Compensation Due:
----- <i>Signature of Approving Official</i>
----- <i>Date</i>

Pay Period \_\_\_\_\_