

## DESIGNATION OF FLEXIBLE WORK SCHEDULE and EMPLOYEE TOUR OF DUTY

EMPLOYEE'S NAME				POSITION TITLE			
PAY PLAN, OCCUPATIONAL SERIES, AND GRADE				APHIS PROGRAM		AMS PROGRAM	
TYPE OF EMPLOYMENT		WORK SCHEDULE				EFFECTIVE DATE	
FULL TIME	PART TIME	FLEXITIME	FLEXITOUR	MAXIFLEX 24/7	MAXIFLEX		
LOCATION			THIS DESIGNATION APPLIES TO:				
ON SITE	TELEWORK	REMOTE	PAY PERIOD(S)		PERMANENT UNTIL REPLACED		
<small>(If you choose telework, indicate below by checking the box that identifies your telework day(s).)</small>							

NOTES:

FIRST WEEK			SECOND WEEK		
TELEWORK	SUNDAY	MONDAY	TELEWORK	SUNDAY	MONDAY

EMPLOYEE'S SIGNATURE				DATE	
SUPERVISOR'S SIGNATURE			APPROVAL		DATE
			YES	NO	

NOTE: THE WORK SCHEDULE FOR BASE HOURS FOR THIS FORM BECOMES EFFECTIVE THE BEGINNING OF THE FIRST PAY PERIOD AFTER IT IS SIGNED BY THE SUPERVISOR.

FIRST WEEK – REGULARLY SCHEDULED OT*			SECOND WEEK – REGULARLY SCHEDULED OT*		
TELEWORK	SUNDAY	MONDAY	TELEWORK	SUNDAY	MONDAY

\*THESE BLOCKS MUST BE COMPLETED AND SIGNED BELOW BY THE SUPERVISOR PRIOR TO THE START OF THE ADMINISTRATIVE WORK, i.e., PRIOR TO MIDNIGHT SUNDAY, TO BE CONSIDERED REGULARLY SCHEDULED OT. IF THERE IS NO OT, LEAVE BLANK.

SUPERVISOR'S SIGNATURE		SUPERVISOR'S PRINTED NAME	
SUPERVISOR'S TITLE		DATE	