

DESIGNATION OF TOUR OF DUTY

EMPLOYEE'S NAME	SOCIAL SECURITY NUMBER	
_____	_____	
POSITION TITLE	PAY PLAN, OCCUPATIONAL SERIES, AND GRADE	TYPE OF EMPLOYMENT
_____	_____	_____ Full-Time _____ Part-Time
ORGANIZATION	WORK SCHEDULE	EFFECTIVE DATE
_____	_____	_____

FIRST WEEK	SECOND WEEK
SUNDAY _____	SUNDAY _____
MONDAY _____	MONDAY _____
TUESDAY _____	TUESDAY _____
WEDNESDAY _____	WEDNESDAY _____
THURSDAY _____	THURSDAY _____
FRIDAY _____	FRIDAY _____
SATURDAY _____	SATURDAY _____
