

United States Department of Agriculture Marketing and Regulatory Programs		<b>DESIGNATION OF TOUR OF DUTY</b>			
EMPLOYEE'S NAME					
POSITION TITLE		PAY PLAN, OCCUPATIONAL SERIES, AND GRADE		TYPE OF EMPLOYMENT	
ORGANIZATION		WORK SCHEDULE		EFFECTIVE DATE	
ARE YOU A WORK AT HOME (WAH) PARTICIPANT?    YES        NO					
<i>(If yes, indicate below by checking the box that identifies your WAH day(s).)</i>					
<b>FIRST WEEK</b>			<b>SECOND WEEK</b>		
WAH			WAH		
<input type="checkbox"/>	MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	MONDAY	<input type="checkbox"/>
<input type="checkbox"/>	TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	TUESDAY	<input type="checkbox"/>
<input type="checkbox"/>	WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	WEDNESDAY	<input type="checkbox"/>
<input type="checkbox"/>	THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	THURSDAY	<input type="checkbox"/>
<input type="checkbox"/>	FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	FRIDAY	<input type="checkbox"/>
EMPLOYEE'S SIGNATURE					DATE
SUPERVISOR'S SIGNATURE			APPROVAL YES                  NO		DATE