

United States Department of Agriculture Marketing and Regulatory Programs		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 <small>(If you choose telework, indicate below by checking the box that identifies your telework day(s).)</small>		PAY PERIOD(S)		PERMANENT UNTIL REPLACED	
NOTES:					

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

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

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			TELEWORK		
	SUNDAY			SUNDAY	
	MONDAY			MONDAY	
	TUESDAY			TUESDAY	
	WEDNESDAY			WEDNESDAY	
	THURSDAY			THURSDAY	
	FRIDAY			FRIDAY	
	SATURDAY			SATURDAY	

*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	