## UNITED STATES DEPARTMENT OF AGRICULTURE MARKETING AND REGULATORY PROGRAMS

1. Requesting Employee's Name:

## MANAGERIAL ASSESSMENT WORKSHEET FOR CHANGE IN OFFICIAL DUTY STATION

2. Date of Receipt of Request from Employee:

First level supervisors are responsible for receiving and reviewing employee requests for a change in Official Duty Station (ODS). Supervisors are to use the chart below to document the impact and decision factors to be considered by the approving official. Any special remarks are to be annotated in the space provided below the chart. Any additional information to be considered must be attached to this document.

3. Summary of Expected Costs, Benefits, and Relevant Decision Factors:			
Factor	Net Cost	Net Savings	Intangible Cost/Benefits or Impact
Impact on Position/Program or Work			
Communications			
Supplies and Equipment			
Travel			
Compensation			
Location-Specific Issues			
Miscellaneous Issues (list each)  4. Additional Supervisory Remarks (attach ad	ditional sheets. if necessary):		
5. Supervisor's Name (printed):		6. Supervisor's Title:	
7. Supervisor's Signature:		8. Date:	