

UNITED STATES DEPARTMENT OF AGRICULTURE
MARKETING AND REGULATORY PROGRAMS

CHANGE IN OFFICIAL DUTY STATION (ODS)
AGREEMENT

This agreement is voluntarily made between:

1. Employee's Name *(printed)*

2. Program Name

The following describes the terms and conditions of work, related to the request of the employee to change his/her Official Duty Station (ODS) to:

3. Street Address

4. City

5. State

6. ZIP Code

7. Country

8. Permanent basis - permanent relocation of the position to begin on what date:

9. Temporary basis - temporary relocation of the position to cover the period:

to

10. The employee agrees to, understands, and accepts that:

- All costs for the move to the new duty station are the responsibility of the employee.
- He/She will contact his/her supervisor 90 days prior to the expiration of the agreement to make preparations to return to the permanent duty station. The supervisor must submit a Personnel Action Request (*Form SF-52*) to change the employee's duty station from the temporary ODS to the permanent ODS at least 30 days prior to the agreement expiring.
- Voluntary Participation** - The above named employee voluntarily agrees to work at the Agency-approved ODS as cited above and agrees to follow all applicable policies and procedures. The employee acknowledges that the change has been initiated at his/her request.
- Time Period** - The employee and the Agency agree to continue this arrangement until either party requests cancellation. If the employee's performance declines, conduct issues are raised, or if the arrangement fails to benefit organizational needs, the Agency may terminate this arrangement at any time and change the ODS to a location that best serves the organization as determined by Agency management. For agreements lasting over a year, this agreement must be reviewed annually using the original MRP Form 373 to determine continued need and viability.
- Pay, Work Schedule, and Benefits** - All pay entitlements are based on the ODS identified above. If the employee also requests a change in work schedule, the tour of duty must be documented on a SF-52, Request for Personnel Action, and in WebTA or on the MRP 346, Designation of Tours of Duty. The employee also understands that certain benefits (*health premium costs, leave accrual, etc.*) may be affected by the work schedule change.

11. Employee's Signature

12. Date

13. Supervisor's Name *(printed)*

14. Supervisor's Title

15. Supervisor's Signature

16. Date

***Submit a copy of this Agreement to Human Resources with an SF-52 for a Change in Duty Station.**