

UNITED STATES DEPARTMENT OF AGRICULTURE
MARKETING AND REGULATORY PROGRAMS

EMPLOYEE APPLICATION FOR CHANGE IN
OFFICIAL DUTY STATION (ODS)

1. Employee's Name (Printed)	2. Program	
3. Position Title	4. Series	5. Grade
6. Current Duty Station	7. Proposed Duty Station	

8. I am requesting a change in Official Duty Station (ODS) on the following basis:

- Permanent basis - to begin on _____, or
- Temporary basis – to begin on _____ and end on _____.

9. I have been affected by a personal hardship. Attached is a written justification to support my request, addressing the following criteria:
(check all that apply)

- Care of a family member with a serious illness,
- Job relocation of my partner/spouse,
- Other significant life event,
- Any adverse impacts on myself and my family if the request is not approved,
- My personal suitability: personal work-related characteristics and performance accomplishments that I request also be considered when evaluating the request,
- Cost to the Agency,
- Mission-related benefits,
- Communication needs,
- IT requirements, and/or
- Other significant personal and/or professional factors I believe are important to present for consideration.

10. Employee's Name (Printed)

11. Employee's Signature

12. Date