

UNITED STATES DEPARTMENT OF AGRICULTURE
MARKETING AND REGULATORY PROGRAMS

EMPLOYEE APPLICATION FOR CHANGE IN
OFFICIAL DUTY STATION (ODS)

| | | | |
|---------------------------------------|--|--------------------------|----------|
| 1. Employee's Name (<i>printed</i>) | | 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