

Change in Official Duty Station (ODS) Tool Kit

APHIS is committed to supporting a balance between a family-friendly workplace and a results-focused Agency which expects its mission to be carried out as efficiently and effectively as possible. When employees are faced with significant life events and it is in the Agency's best long-term interest, alternatives to traditional duty station designations may be considered. While it is expected that requests for changes to Official Duty Stations (ODS) will be rare, they may be considered under the following circumstances:

- Care for a family member with a health crisis;
- Recovery from a personal health crisis;
- Relocation of a partner/spouse; or
- Another significant life event

This tool kit consists of the following parts:

1. Employee application packet
2. Supervisory review packet
3. Decision Documentation
4. A Change in Official Duty Station Agreement

Authority to approve employee-generated requests for a change in the ODS is delegated to the Deputy Administrator in each program. In consultation with the respective program management team, the Deputy Administrator will make the final decision for approval or disapproval of the request. The authority to approve these requests cannot be re-delegated.

First-line supervisors will be responsible for forwarding requests through their chains of command for consideration and will also be responsible for notification to the employee when a decision has been reached. Approved requests will require completion of an agreement, which will be maintained and monitored by the first-line supervisor.

This does not apply to personnel assigned overseas by APHIS or personnel from APHIS on detail with another Federal Agency or international organization.

Employee Information/Application

When a life event occurs which may necessitate consideration of a change in official duty station (ODS), the following criteria must be addressed in a written justification and submitted along with the application to your immediate supervisor for his/her consideration. The justification must include information/explanation of:

- **Your Personal Situation**
 - Explain the reason(s) for the request, e.g., medical, spousal/significant other, job relocation.
 - Identify if the request is for a permanent or temporary change in ODS. If the request is temporary, provide the beginning and ending dates.
 - Explain any adverse impacts to you and your family if the request is not approved.
 - Discuss your personal suitability for a change in ODS. Identify any personal work-related characteristics and performance accomplishments that you would like considered when evaluating the request.
- **Cost to the Agency**
 - Prepare a cost-benefit analysis (e.g., examples or estimates of cost savings, cost avoidance, travel expenses, equipment needed).
- **Benefit to the Mission**
 - Mission-related benefit(s) to APHIS, both tangible and intangible, to include any value added to the Agency's work processes and/or procedures.
 - Any adverse Agency impacts to current work projects, loss of expertise/skills, missed project obligations and commitments, staff impacts, or loss of project funding if the request is denied.
 - Method to evaluate employee's work assignments.
- **Communication Needs**
 - Time zone considerations, if any.
 - How official communication needs will be achieved or issues associated with the change in ODS.
- **IT Requirements**
 - IT equipment needed from the Agency,
 - IT support, including repair and maintenance of laptop, PC or other Agency equipment, maintenance of phone and high speed internet connectivity,
 - Security of IT information
- **Any Other Significant Factors that need to be Considered**

Employee Application

Employee Name: _____

Position Title, Series, Grade: _____

Program Name: _____

Date of Request: _____

Current Duty Station: _____

Proposed Duty Station: _____

I am requesting a change in ODS on the following basis:

- Permanent basis to begin on _____, or
- Temporary basis. The beginning date is: _____ and the ending date is: _____.

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 due to serious illness,
- Job relocation of my partner, or
- 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.

Employee's Signature and date: _____

Employee's Printed Name: _____

Supervisory Information/Worksheet

Upon receipt of an employee request for change in ODS, carefully evaluate and assess the applicable areas below. Also complete the Managerial Assessment and Approval work sheet to assist you in your evaluation process. Both pieces of the consideration process will help you determine the feasibility of the request. Please address any questions or need for clarification with the employee. Once you have completed your assessment, please forward the signed package through your chain of command to the Program Deputy Administrator for decision. Additionally, the flow chart below will help you determine the appropriate route requests/decisions should take depending upon the reason for the request and the requested length of the ODS change.



Request for
Voluntary Change of

1. Evaluate the Written Justification

Consider the following points when evaluating viability of a request:

- **Cost to the Agency:**
 - Cost-benefits to the Agency (e.g., cost savings, cost avoidance, travel expenses, equipment needed).
 - Any salary and other benefits increase, decrease or neutrality due to the change in ODS.
- **Benefit to the Mission:**
 - Tangible and intangible mission-related benefit(s) to APHIS, if any, to include any value added to the Agency's work processes and/or procedures.
 - Any adverse Agency impacts to current work projects, loss of expertise/skills, missed project obligations and commitments, staff impacts, or loss of project funding if the request were denied.
 - Supervisor's evaluation of the employee's work assignments.
- **IT Requirements:**
 - Assess IT requirements and the need for IT support. Identify the APHIS office closest to the proposed duty station where IT support would be obtained.
 - Security of IT information
- **Other Significant Factors to Consider:**
 - Ability to maintain security of PII.
 - The first level supervisor's certification that the duties of the position are portable and that the changing of the employee's duty station will NOT adversely affect other employees.
 - The employee's performance and rating.
 - Any disciplinary issues.
 - Any reasonable accommodation issues.
 - Any other factors presented.

2. Complete the Managerial Assessment Worksheet

First level supervisors are responsible for receiving and reviewing employee requests for a change in ODS. Supervisors are to use the chart below to document impacts and decision factors to be considered by the approving official. Any special remarks are to be annotated in the space provided below the chart. Attach to this document any additional information to be considered.

Summary of Expected Costs, Benefits and Relevant Decision Factors

Factor	Net Costs	Net Savings	Intangible costs/benefits or impacts
Position/Program or Work Impacts			
Communications			
Supplies and Equipment			
Travel			
Compensation			
Location-specific issues			
Miscellaneous issues (list each)			

Additional supervisory remarks:

Supervisor's Signature and Date: _____

Supervisor's Printed Name: _____

Supervisor's Title: _____

Decision Documentation

The following documents my decision in the request for a Change in Official Duty Station (ODS):

Employee's Name: _____

Requested Duty Station: _____

Permanent Change in ODS Temporary Change in ODS (Check which applies)

Current Duty Station: _____

Approved

Exceptions or conditions:

Disapproved

Reason:

Deputy Administrator Signature and Date: _____

Deputy Administrator Printed Name: _____

Change in Duty Station Agreement*

This agreement is voluntarily made between _____ (insert Program's name) and _____ (insert employee's name).

The following describes the terms and conditions of work, related to the request of _____ (insert employee's name) to change his/her official duty station to _____ (insert city, state, and country name). This ODS is being made on a:

- Permanent basis to begin on _____, or
- Temporary basis. The temporary relocation of the position begins: _____

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 or she will contact his or 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 an Agency-approved official duty station at the location 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. This agreement will be reviewed annually to determine continued need and viability.

Pay, Work Schedule, and Benefits

All pay entitlements are based on the official duty station identified above. If the employee also requests a change in work schedule, the tour of duty must be documented on the SF-52, Request for Personnel Action and the employee understands that certain benefits (health premium costs, leave accrual, etc.) may be affected by the work schedule change.

Employee Signature and Date: _____

Employee Printed Name: _____

Supervisor Signature and Date: _____

Supervisor's Printed Name: _____

Supervisor's Title: _____

*Submit copy of this agreement to HR with SF-52 for Change in Duty Station