

Breadcrumb

1. [Home](#)
2. Print
3. Pdf
4. Node
5. Entity Print

HRDG 4335 - Section C

Last Modified:

Subchapter 4335

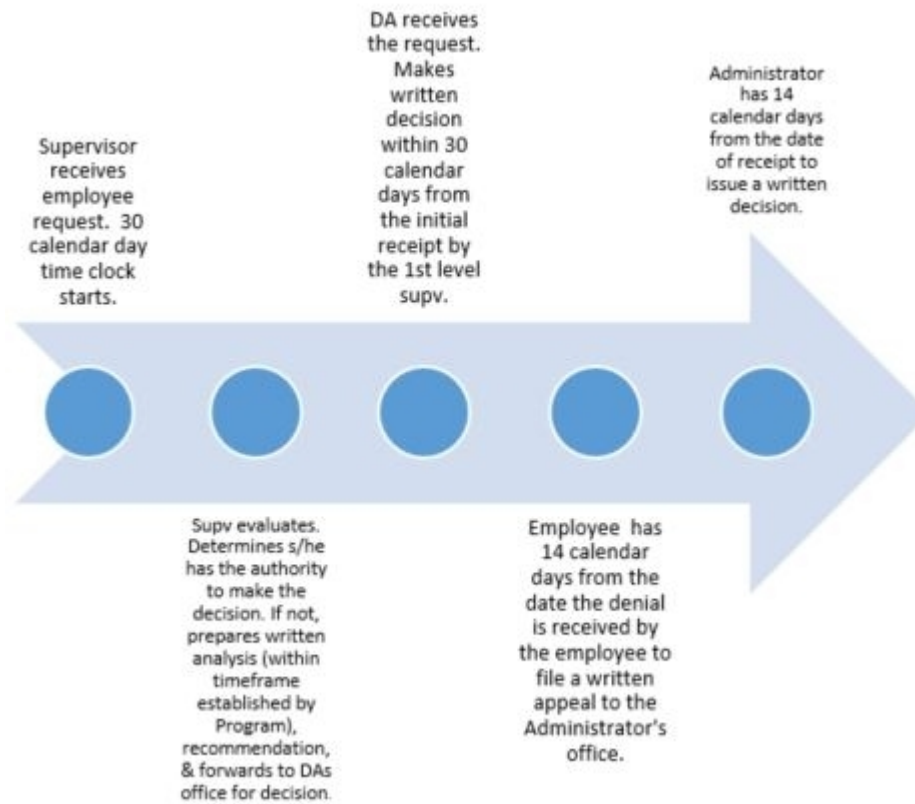
Voluntary Change in Official Duty Station

Section C - Application / Decisional Process

- [Timeline](#)
- [Process](#)
- [Employee Justification](#)
- [Appeal Process](#)
- [Annual Review Process](#)

[Return to 4335 Table of Contents](#)

Timeline



Step Who?

Does What?

Reviews this guidance.

Written requests will use [**MRP Form 372 - Employee Application for Change in Official Duty Station**](#) found in this subchapter which includes:

- | | | |
|---|----------|---|
| 1 | Employee | <ul style="list-style-type: none">• The reason(s) for the request and any supporting documentation.• If the request is for a permanent or temporary situation.• The current position title, series, grade level, and duty station.• The employee's bargaining unit status. (Bargaining unit employees may not use this subchapter but must follow their applicable bargaining unit agreement.)• A copy of most recent performance appraisal.• FMLA forms, if applicable. |
|---|----------|---|

If the requested reassignment is to or from a location outside of the 50 states or the District of Columbia, completes [**MRP 375**](#) - Employee Declaration of Residence for Home Leave Determinations, declaring residency status with any supporting documentation, if applicable.

Prepares the request for a change in ODS and forwards it to the first level supervisor.

Receives the request and supporting documentation and documents the date of receipt.

Reviews employee request for a change in ODS. This means completing the [**MRP Form 370 - Managerial Assessment Worksheet for Change in Official Duty Station**](#)

This form will assist with documenting impacts and decision factors, as outlined below, to be

When a life event occurs necessitating 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, [**MRP Form 372 - Employee Application for Change in Official Duty Station**](#) 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.
- For permanent ODS change requests, identify that you are requesting to change your ODS and to remain in your current position.
- 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, salary differential, cost avoidance, travel expenses, equipment needed).

- **Benefit to the Mission**

- Mission-related benefit(s) to MRP, 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 your work assignments.
- Address any possible impacts on coworkers.

- **Communication Needs**

- Time zone considerations, if any.
- How official communication needs will be achieved or issues associated with the change in ODS.

- **IT Requirements**

**Employee
Justification**

Employees wanting to appeal a denial must follow the process outlined below.

Step Who:

Does what:

- | | | |
|---|-----------------------------|--|
| 1 | Employee | <p>May appeal a denial to his or her Agency Administrator within 14 calendar days of the receipt of the denial.</p> <p>Appeals must include a copy of all documentation and information as to why the employee believes his or her request should be approved.</p> <p>Completes blocks 1, 2, 4, 5, 6, 7, and 8 of MRP Form 374. Include this form with your submission.</p> <p>Submits the request to the Agency Administrator through the chain of command.</p> |
| 2 | Employee's Chain of Command | <p>Timely forwards the appeal up through the chain of command to the Agency Administrator.</p> <p>Reviews the appeal.</p> |
| 3 | Administrator | <p>Requests additional information, if needed. Requested information must be provided within 7 calendar days unless a written extension is requested by the employee. If the extension is granted, this will serve to extend the decision's due date by an equal amount of time.</p> <p>Issues a written decision using MRP Form 374 , within 14 calendar days of receipt of the appeal.</p> <p>Forwards the decision to the employee through the employee's chain of command.</p> |

Appeal Process

If the initial decision is reversed, ensures that a

Annual Review Process

For temporary or permanent changes in ODS lasting more than one year, the supervisor and the Deputy Administrator must perform an annual review to determine if the arrangement is still viable using [**MRP Form 373 - Decision Documentation for Change in Official Duty Station \(ODS\)**](#).

Each time an annual review is conducted, the employee and HRO must receive a copy of the decision. Any changes or reversals of decision, i.e., denial, are appealable to the Agency Administrator. The appeal process explained in this section applies.

Forms

- [**MRP Form 370 - Managerial Assessment Worksheet for Change in Official Duty Station**](#)
- [**MRP Form 371 - Change in Official Duty Station Agreement**](#)
- [**MRP Form 372 - Employee Application for Change in Official Duty Station \(ODS\)**](#)
- [**MRP Form 373 - Decision Documentation for Change in Official Duty Station \(ODS\)**](#)
- [**MRP Form 374 - Administrator's Decision on Denial of Change in Official Duty Station**](#)
- [**MRP Form 375 - Employee Declaration of Residence for Home Leave Determinations**](#), if applicable

[**Return to 4335 Table of Contents**](#)

[Print](#)