

NONSTANDARD TOUR OF DUTY OR SPLIT-SHIFT

TOUR OF DUTY REPORTED APPROVAL REQUESTED

1. LOCATION

2. DATE PREPARED

3. TO: (Appropriate SPO)

4. THROUGH PROGRAM DIVISION (If applicable)

5. FROM: ORIGINATING OFFICE (Field Station or Program Division)

FOR THE ASSIGNMENT OF SEVERAL EMPLOYEES TO THE SAME NONSTANDARD TOUR OR THE ESTABLISHMENT OF NONSTANDARD TOURS FOR EMERGENCY SITUATIONS - GIVE

6. NUMBER AND TYPE OF EMPLOYEES INVOLVED (Use reverse if more space is needed)

7. NAME OF EMPLOYEE

8. TITLE

9. GRADE

10. SALARY

11. WORK LOCATION

12. REASON FOR ESTABLISHMENT OF NONSTANDARD OR SPLIT-SHIFT (Use reverse if more space is needed)

13. DURATION (From - To)

14. DATE EMPLOYEE WILL OR DID REVERT TO STANDARD TOUR

15. Complete the following for EACH employee being assigned to a Nonstandard Tour of Duty or a Split-Shift Clock Hours (Use Military Time)

		SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
ON DUTY ①	FROM															
	TO															
	FROM															
	TO															
ABSENT ②	FROM															
	TO															
LUNCH ③	FROM															
	TO															
VARIOUS	CIRCLE	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
	FROM															
	TO															
16. TOTALS																

17. APPROVED (Signature)

18. TITLE

19. DATE