

TOUR OF DUTY REQUEST

1.	Name of Employee		2. Title and Grade		3. Organization				
4.	This change is requested by the								
	Employee or Supervisor					Employee is:	Full-time or	Part-time	
 Workweek Schedule (Check requested schedule). See specific Region/Office Written Work Schedule Implementing Instructions for the Available Work Schedules and Hours of Work options. 									
	FIXED CO			OMPRESSED			FLEXIBLE		
	8-hour day		5/4-9's			Gliding	Maxiflex (minimum of 3 core days		
	Part-time			4-10's		per week)			
	OTHER								
Intermittent									
Fill in chart below. For fixed, compressed, or special schedules, arrival and departure times are fixed. For flexible schedules, all times are estimated arrival and departure times.									
Indicate core DAY OF 1 st WEEK					•	ecify am or pm)	MEAL PERIOD	TOTAL HOURS	
(days (X)		VEEK	FRC		ТО		(worked)	
		SUNDAY							
	MONDAY TUESDAY								
	WEDNESDAY								
	THURSDAY								
		FRIDAY							
		SATURDAY							
Check here if second week is identical to first week, otherwise fill out below if different.									
LIQUIDO (S. 16.									
(days (X) DAY OF 2 nd WEEK		VEEK	FROM		ТО		(worked)	
		SUNDAY							
		MONDAY							
	TUESDAY WEDNESDAY								
	THURSDAY								
	FRIDAY								
		SATURDAY							
о.	6. Period Covered Indefinite Temporary (1 year or less) From to								
7. Justification for requesting schedule:									
Employee's Signature Title					Title			Date	
Employee a digitation					11110			Bato	
8. Approved as requested Approved with annotated changes Denie							Denied		
Justification for denial of requested schedule									
Supervisor's Signature								Dete	
Supervisor's Signature					Title			Date	