

AD-2001
(05-00)

U. S. DEPARTMENT OF AGRICULTURE

DESIGNATION OF TOUR OF DUTY
Biweekly Schedule

INSTRUCTIONS: Please provide a copy to **EMPLOYEE** and **TIMEKEEPER**.

TO (*Supervisor*)

FROM (*Employee*)

PART A – REQUEST FOR BIWEEKLY SCHEDULE

Under the Work Schedule options I elect to work a Maxiflex schedule Flexitour schedule Compressed Work Schedule

In accordance with the schedule selected above, I request the following daily work schedule as my tour of duty beginning the first full pay period after supervisory approval. In submitting this request, I understand the following:

I must take a lunch break as I have indicated below; any deviations will be in accordance with the Lunch band policy.

30 minutes 45 minutes 60 minutes Other: _____

- Approval of this request is contingent on workload requirements.
- The Hours of Duty selected must meet the number of hours I am scheduled to work in a pay period, e.g., 60, 64, 80. Full-time employees must schedule a minimum of 5 ½ hours and a maximum of 10 hours for each scheduled workday.

WEEK 1 DAILY HOURS AND ANTICIPATED ARRIVAL TIME

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEK 1 TOTALS
TIME:					
HOURS:					

WEEK 2 DAILY HOURS AND ANTICIPATED ARRIVAL TIME

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEK 2 TOTALS
TIME:					
HOURS:					

TOTAL HOURS PER PAY PERIOD

EMPLOYEE'S SIGNATURE

DATE

APPROVAL (*Supervisor's Signature*)

DATE

PART B - REQUEST FOR CHANGE TO BIWEEKLY SCHEDULE

Check Option:

One Time Only, effective Pay Period No.:

For Duration, effective Pay Period No.:

WEEK 1 DAILY HOURS AND ANTICIPATED ARRIVAL TIME

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEK 1 TOTALS
TIME:					
HOURS:					

WEEK 2 DAILY HOURS AND ANTICIPATED ARRIVAL TIME

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEK 2 TOTALS
TIME:					
HOURS:					

TOTAL HOURS PER PAY PERIOD

EMPLOYEE'S SIGNATURE

DATE

APPROVAL (*Supervisor's Signature*)

DATE

REMARKS