

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