

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 <input type="checkbox"/> Maxiflex schedule <input type="checkbox"/> Flexitour schedule <input type="checkbox"/> 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.					
<input type="checkbox"/> 30 minutes <input type="checkbox"/> 45 minutes <input type="checkbox"/> 60 minutes <input type="checkbox"/> Other: _____					
<ul style="list-style-type: none"> 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:					
<input type="checkbox"/> One Time Only, effective Pay Period No.:			<input type="checkbox"/> 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					

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AD-2002 (05-00)				EMPLOYEE NAME				CONTACT POINT									
U.S. DEPARTMENT OF AGRICULTURE TIME AND ATTENDANCE RECORD																	
PAY PERIOD		FROM (MM/DD/YY)		TO (MM/DD/YY)		OFFICE/DIVISION/BRANCH				YEAR							
		FIRST WEEK						SECOND WEEK									
TIME	SUN	MON	TUE	WED	THUR	FRI	SAT	1st WEEK HOURS	SUN	MON	TUE	WED	THUR	FRI	SAT	2nd WEEK HOURS	PAY PERIOD TOTAL
IN- Begin Tour																	
LUNCH																	
OUT- End Tour																	
Leave Used-																	
Annual 61																	
Sick 62																	
From																	
To																	
Additional Hours Used-																	
Credit 50																	
COMP 64																	
Other																	
From																	
To																	
Overtime- Hours Worked																	
From																	
To																	
Credit Hours Worked 29																	
From																	
To																	
COMP Time Worked 32																	
From																	
To																	
Total Hours																	
LEAVE RECORD (Optional)																	
BROUGHT FORWARD		ACCRUED		AVAILABLE		USED		ENDING BALANCE									
Annual 61																	
Sick 62																	
COMP 64																	
LWOP 71																	
CH 50																	
I certify that all time recorded this period is correct according to law and regulations. NOTE: If an employee is found guilty of submission of or causing or allowing the submission of falsely stated payroll documents or their supporting documents, the penalty may result in disciplinary action up to and including removal.																	
EMPLOYEE INITIALS:		DATE:		SUPERVISOR INITIALS:		DATE:		TIMEKEEPER INITIALS:				DATE:					
REMARKS:																	

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