

**FAS-1200**  
(01-17-02)

**U.S. DEPARTMENT OF AGRICULTURE**  
Foreign Agricultural Service

**FAS INTERNATIONAL FLEXIPLACE WORK AGREEMENT**

**PART A - The following constitutes an international flexiplace agreement between:**

1. Employee's Name	2. Agency Program Area, Division and Branch
3. Social Security Number	4. Grade
5. Current Official Duty Station	6. Current Official Duty Station Telephone Number (Area Code)
7. Supervisor's Name	8. Supervisor's Telephone Number (Area Code)

**PART B - Employee's Alternate Work Location:**

9. Select one: <input type="checkbox"/> Home <input type="checkbox"/> Embassy	11. Telephone Number (Area Code)
10. Employee's Alternate Work Location (Including ZIP Code)	12. FAX Number (Area Code)
	13. E-Mail Address
	14. Flexiplace Official Duty Station

**PART C - Alternate Work Location Schedule:**

15. Flexiplace Beginning Date (MM-DD-YYYY)	16. Flexiplace Ending Date (MM-DD-YYYY)
17. Overseas Work Schedule:  A.M. P.M.	18. Hours available for Washington, D.C.  A.M. P.M.

**PART D - International Flexiplace Checklist:**

**NOTE: Employee certifies that he or she has discussed the following with his and or her supervisor and understands the impact of the following:**

- Loss of Washington, D.C. locality pay
- Allowances
- Payment of COLA's
- Holidays
- Emergency dismissals
- Travel expenses
- Certification of time and attendance
- Work schedule and availability to Washington, D.C. employees
- How his and or her work will be measured
- Options should trial flexiplace period fail or flexiplace agreement need to be terminated

**PART E - Approvals: Employee volunteers to participate in the international flexiplace program and to adhere to applicable Union Contract guidelines and Agency policy. Agency concurs with employee's participation and agrees to the applicable guidelines and policies.**

19A. Employee's Signature	19B. Date (MM-DD-YYYY)
20A. Supervisor's Signature	20B. Date (MM-DD-YYYY)
21A. Deputy Administrator's Signature	21B. Date (MM-DD-YYYY)