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FFAS-10 (02-11-04)	U.S. DEPARTMENT OF AGRICULTURE Foreign Agricultural Services
FFAS FLEXIPLACE WORK AGREEMENT	

1. The following constitutes an agreement between:

A. Employee's Name:	B. Agency/Division/Branch:
C. Social Security No.:	D. Grade/Title:
E. Total no. roundtrip miles of employee home and regular work site:	F. Telephone No.: <i>(Include Area Code)</i>
G. Supervisor's Name:	H. Supervisor's Telephone No.: <i>(Include Area Code)</i>

2. Employee requests the following type of flexiplace with the following beginning and ending dates:

A. Type of Flexiplace	B. Begin Date	C. End Date
Long-Term		
Intermittent <i>(Single Use or Recurring)</i>		
Medical		

3. Employee's Alternate Work Location:

A. Select: <input type="checkbox"/> Home <input type="checkbox"/> Telecommuter Center B. Address:	C. Telephone No.: <i>(Include Area Code)</i>	D. FAX No.: <i>(Include Area Code)</i>
	E. E-Mail Address: <i>(If different from work e-mail)</i>	
	F. Dismissal Guidance:	

4. Alternate Work Location Schedules:

A. Long Term With A Fixed Schedule:		
(1) Scheduled Workdays Each Workweek	(2) Week One Work Location	(3) Week Two Work Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday*		
Sunday*		

***Available for medical flexiplace only.**

B. Intermittent Schedule - Describe employee work schedule:
(For example: Jane Doe will work at home 2 days every 3rd week of the month to complete monthly estimate reports).

5. Approvals: Employee volunteers to participate in the 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.

A. Employee	B. Date
C. Supervisor	D. Date
E. HRD-Flexiplace Coordinator <i>(medical flexiplace only)</i>	F. Date

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