

U. S. DEPARTMENT OF AGRICULTURE
RESEARCH, EDUCATION, AND ECONOMICS

**TOUR RENEWAL AGREEMENT FOR
HAWAII AND ALASKA**

CHECK ONE: First time form completed Change of information previously given

| | | |
|---------|---------------------------|--|
| 1. NAME | 2. SOCIAL SECURITY NUMBER | 3. TELEPHONE NO. (including area code) |
|---------|---------------------------|--|

| | |
|-------------------------------------|--|
| 4. RESIDENCE AT TIME OF APPOINTMENT | 5. PERSON TO NOTIFY IN CASE OF EMERGENCY (name, address, telephone number) |
|-------------------------------------|--|

| | |
|--|-----------------------|
| 6. AGENCY (check one) <input type="checkbox"/> ARS <input type="checkbox"/> ERS <input type="checkbox"/> CSREES <input type="checkbox"/> NASS | 7. POST OF ASSIGNMENT |
|--|-----------------------|

| | |
|--|--------------------------------------|
| 8. ADDRESS USED FOR HOME TRAVEL PURPOSES | 9. REQUESTED NEW HOME TRAVEL ADDRESS |
|--|--------------------------------------|

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| 10. REASON FOR NEW HOME TRAVEL ADDRESS (change in 4 above) | 11. AGENCY USE (for home travel address change only) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Signed: _____ Authorizing Official / Office / Date |
|--|---|

I agree to fulfill the Tour Renewal Agreement obligation for the tour of duty checked below. If I do not fulfill my agreement as it pertains to Home Travel taken in FTR 302-1.13; I will repay my indebtedness for transportation costs incurred through Home Travel use when the tour of duty is not completed.

| | | |
|---------------------------|-----------|----------|
| 12. SIGNATURE OF EMPLOYEE | 13. TITLE | 14. DATE |
|---------------------------|-----------|----------|

AGENCY USE

| | |
|----------------------|---|
| 15. DATE TOUR BEGINS | 16. LENGTH OF TOUR OF DUTY <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> OTHER: _____ |
|----------------------|---|

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| 17. RECRUITMENT AREA FROM WHICH SELECTED |
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18. FORWARD COPIES TO:

AUTHORIZING OFFICIAL (original) HUMAN RESOURCES DIVISION (OPF) TIME KEEPER
 EMPLOYEE TRAVEL OFFICE

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| 19. SIGNATURE OF RECOMMENDING OFFICIAL | 20. OFFICE | 21. DATE |
|--|------------|----------|

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| 22. SIGNATURE OF AUTHORIZING OFFICIAL (HRD Director) | 23. OFFICE (HRD) | 24. DATE |
|--|------------------|----------|