

Reclamation Manual

Directive and Standard

7-2640 (04-2016)
Bureau of Reclamation

RECLAMATION
drinking water in the West

TOUR OF DUTY REQUEST

1. Name of Employee		2. Title and Grade		3. Organization	
4. This change is requested by the <input type="checkbox"/> Employee or <input type="checkbox"/> Supervisor				Employee is: <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time	
5. Workweek Schedule (Check requested schedule). See specific Region/Office Written Work Schedule Implementing Instructions for the Available Work Schedules and Hours of Work options.					
FIXED		COMPRESSED		FLEXIBLE	
<input type="checkbox"/> 8-hour day		<input type="checkbox"/> 5/4-9's		<input type="checkbox"/> Gliding	
<input type="checkbox"/> Part-time		<input type="checkbox"/> 4-10's		<input type="checkbox"/> Maxiflex (minimum of 3 core days per week)	
OTHER					
<input type="checkbox"/> Intermittent					
Fill in chart below. For fixed, compressed, or special schedules, arrival and departure times are fixed. For flexible schedules, all times are estimated arrival and departure times.					
Indicate core days (X)	DAY OF 1 st WEEK	HOURS (Specify am or pm) FROM TO		MEAL PERIOD	TOTAL HOURS (worked)
	SUNDAY				
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
	SATURDAY				
<input type="checkbox"/> Check here if second week is identical to first week, otherwise fill out below if different.					
Indicate core days (X)	DAY OF 2 nd WEEK	HOURS (Specify am or pm) FROM TO		MEAL PERIOD	TOTAL HOURS (worked)
	SUNDAY				
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
	SATURDAY				
6. Period Covered <input type="checkbox"/> Indefinite <input type="checkbox"/> Temporary (1 year or less) From _____ to _____					
7. Justification for requesting schedule:					
Employee's Signature		Title		Date	
8. <input type="checkbox"/> Approved as requested <input type="checkbox"/> Approved with annotated changes <input type="checkbox"/> Denied					
Justification for denial of requested schedule					
Supervisor's Signature		Title		Date	

PROVIDE ORIGINAL/APPROVED FORM TO THE EMPLOYEE'S TIMEKEEPER and SERVICING HUMAN RESOURCES OFFICE
PROVIDE A COPY OF COMPLETED FORM TO EMPLOYEE
SUPERVISOR RETAINS A COPY