

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 (<i>Supervisor</i>)			FROM (<i>Employee</i>)		
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 (<i>Supervisor's Signature</i>)				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 (<i>Supervisor's Signature</i>)				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							PAY PERIOD TOTAL				
TIME	SUN	MON	TUE	WED	THUR	FRI	SAT	1st WEEK HOURS	SUN	MON	TUE	WED	THUR		FRI	SAT	2nd WEEK HOURS	
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)									TRANSACTION CODES (Also see PC-TARE Procedures Handbook)									
BROUGHT FORWARD		ACCRUED		AVAILABLE		USED		ENDING BALANCE										
Annual 61										1	Regular Hours Worked	62/62	FFLA					
Sick 62										29	Credit Hours Earned	62	Sick Leave Used					
COMP 64										32	Compensatory Time Worked	64	Compensatory Time Used					
LWOP 71										50	Credit Hours Used	65	Military Leave Used					
CH 50										60	Compensatory Time Used (Religious Observance)	66/61	Holiday, Administrative Leave, Jury Time-Off Award					
									61	Annual Leave Used	71	Leave Without Pay						
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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