

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH



FLEXIBLE AND COMPRESSED WORK SCHEDULE PROGRAM
APPLICATION FOR CHANGE IN TOUR OF DUTY

Part I. Instructions

Please print or type all of the information on the application and submit it to your immediate supervisor. Please note that an employee may only request two schedule changes within a calendar year. Please refer to **DOH SOP 510.000 Employee Tours of Duty** prior to completing and submitting this application. Per Procedure B of the SOP, employees working in a unit exempt from any or all tour of duty options may only apply for a tour of duty permissible under the approved exemption. All employees should be notified if their unit is exempt from participation and should consult their supervisor prior to completing this application if there are any questions about their unit's exempt status.

Employees requesting a change in tour of duty will complete and submit to their immediate supervisor. The supervisor shall either approve or deny the request within ten (10) working days.

If the request is denied, the employee may request a Senior Deputy Director review of the supervisor's decision within five (5) working days of receiving the written decision. The Senior Deputy Director shall issue a decision with a documented rationale within ten (10) working days of receipt. The Senior Deputy Director's decision is final and may not be further appealed.

Part II. Employee Information

Employee Name _____

Title _____

Administration _____

Supervisor _____

Select one of the following:

- Flexible Work Schedule Option A (Section V.4 of SOP)
- Flexible Work Schedule Option B (Section V.4 of SOP)
- Compressed Work Schedule (Section V.2 of SOP)
- Reversion to Default Schedule (8:15 am – 4:45 pm Monday – Friday)

Requested Tour of Duty:

Schedule		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Start Time					
	End Time					
Week 2	Start Time					
	End Time					

Employee Signature

Date

Supervisor Decision:

- Request for Change in Tour of Duty Approved
- Request for Change in Tour of Duty Denied

Supervisor Name (printed)

Supervisor Signature

Date

New Tour of Duty Effective Date (mark N/A if request is denied)
Date must coincide with the beginning of a pay period

**Stop here if the request for a change in tour of duty is approved and return to DOH Human Resources.
Proceed only if the request is denied.**

Reason for Denial (comments explaining reason are required):

- Attendance
- Job Performance
- Insufficient Unit Coverage
- Other (elaborate below)

Comments: _____

Employee's Tour of Duty following this request:

Schedule		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Start Time					
	End Time					
Week 2	Start Time					
	End Time					

Employee response to supervisor's decision:

- I accept the supervisor's decision
- I request a Senior Deputy Director review of my request

Employee Signature

Date

Reason(s) employee is requesting review: (Additional documentation may be attached if necessary)

Employee Signature

Date

Senior Deputy Director's Decision:

- Supervisor's Decision Upheld
- Supervisor's Decision Overruled

Senior Deputy Director's Rationale for Decision: (Documentation may be attached if necessary)

Senior Deputy Director Name (printed)

Senior Deputy Director Signature

Date

cc: Department of Health Office of Human Resources
Applicant