

FFAS-956A (02-04-00)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	PRIVACY ACT STATEMENT Collection of your Social Security Number is authorized by Executive Order 9397 and will be used solely for the purpose of positive identification. Furnishing this information is voluntary.
FSA AND RMA HEADQUARTERS WORK SCHEDULE REQUEST		

PART A - GENERAL INFORMATION

1. Employee's Name	2. Social Security Number	3. Division, Branch, and Section
4. Type of request? Permanent (more than 2 PP's) <input type="checkbox"/> Temporary <input type="checkbox"/>		5. If temporary, enter Pay Period to return to current work schedule.
6. Effective Pay Period of Requested Change <input type="checkbox"/>		

PART B - CURRENT WORK SCHEDULE

7. WORK SCHEDULE TYPE <input type="checkbox"/> Maxiflex - 80 hour pay period of 10 or fewer workdays. <input type="checkbox"/> CWS 5/4/9 - 80 hour pay period of eight 9-hour workdays plus one 8-hour workday. <input type="checkbox"/> CWS 4/10 - 80 hour pay period of four 10-hour workdays per week. <input type="checkbox"/> Variable Day - 40 hours per week and 10 workdays per pay period. <input type="checkbox"/> Standard - 40 hours per week and 10 workdays per pay period.	8. WORK SCHEDULE DAYS (Enter "OFF" for Maxiflex or CWS nonworkday(s)) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="5">WEEK ONE</th> <th colspan="5">WEEK TWO</th> <th rowspan="2">TOTAL PP HOURS</th> </tr> <tr> <th>MON</th><th>TUE</th><th>WED</th><th>THU</th><th>FRI</th> <th>MON</th><th>TUE</th><th>WED</th><th>THU</th><th>FRI</th> </tr> </thead> <tbody> <tr> <td>Arrival Time <input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td> </tr> <tr> <td>Depart. Time <input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td> </tr> <tr> <td>Hours <input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td> <td></td> </tr> </tbody> </table>		WEEK ONE					WEEK TWO					TOTAL PP HOURS	MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	Arrival Time <input type="checkbox"/>												Depart. Time <input type="checkbox"/>												Hours <input type="checkbox"/>											
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PART C - REQUESTED WORK SCHEDULE

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Arrival Time (AM)	Length of Workday																								
	6	6 ¼	6 ½	6 ¾	7	7 ¼	7 ½	7 ¾	8	8 ¼	8 ½	8 ¾	9	9 ¼	9 ½	9 ¾	10								
	Departure Time (PM)																								
6:30													3:30	3:45	4:00	4:15	4:30	4:45	5:00						
6:45													3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15					
7:00													3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30				
7:15													3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30	5:45			
7:30													3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30	5:45	6:00		
7:45													3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30	5:45	6:00	6:15	
8:00													3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30	5:45	6:00	6:15	6:30
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8:45													3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30	5:45	6:00	6:15	6:30
9:00													3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30	5:45	6:00	6:15	6:30

11. Employee's Signature	Date	12. Received by Timekeeper (Initials)	Date
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PART D - APPROVALS/DISAPPROVALS

13. This request is: APPROVED AS REQUESTED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> APPROVED AS REVISED <input type="checkbox"/>	14. Reason(s) for Revising or Disapproving Request
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15. Supervisor's Signature	Date
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ORIGINAL - Timekeeper COPY - Employee