

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 **DC Health SOP 510.000 Employee Tours of Duty** prior to completing and submitting this application. Per 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
- Flexible Work Schedule Option B
- Compressed Work Schedule
- Reversion to Default Schedule (8:15 am – 4:45 pm Monday – Friday)
- Variation in Work Schedule for Educational Purposes

**Requested Tour of Duty:** (Saturday and Sunday hours may only be requested by employees applying for a Variance in Work Schedule for Educational Purposes, or employees with documented work assignments for weekends)

Schedule		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1	Start Time							
	End Time							
Week 2	Start Time							
	End Time							

**For employees requesting a Variance in Work Schedule for Educational Purposes:**

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date

\_\_\_\_\_  
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 DC Health 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		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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)

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Employee Signature

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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)

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\_\_\_\_\_  
Senior Deputy Director Name (printed)

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Senior Deputy Director Signature

\_\_\_\_\_  
Date

cc: Department of Health Office of Human Resources  
Applicant