MSFC WORK SCHEDULE REQUEST

Please refer to either MPM 3600.1, Attendance and Leave, or the appropriate union agreement for questions regarding tours of duty. Approved forms should be retained by the timekeeper. They do not need to be routed through the Payroll Office.

Name (Print or type - Last, First, Middle Initial):	Job Title:	Organization:

I request my tour of duty be established as designated below effective on the pay period starting _____
I understand that if this request is approved, the tour I have selected may not be changed for at least two pay periods after the effective date except for emergency situations, with the approval of my supervisor.

STANDARD TOUR

1. ☐ 6:00 - 2:30	2. ☐ 6:15 - 2:45	3. ☐ 6:30 - 3:00	4. ☐ 6:45 - 3:15	5. ☐ 7:00 - 3:30
6. ☐ 7:15 - 3:45	7. ☐ 7:30 - 4:00	8. ☐ 7:45 - 4:15	9. ☐ 8:00 - 4:30	10. ☐ 8:15 - 4:45
11. ☐ 8:30 - 5:00	12. ☐ 8:45 - 5:15	13. ☐ 9:00 - 5:30	14. ☐ 9:15 - 5:45	15. ☐ 9:30 - 6:00

COMPRESSED TOUR

A. 1. ☐ 6:00 - 3:30	2. ☐ 6:15 - 3:45	3. ☐ 6:30 - 4:00	4. ☐ 6:45 - 4:15	5. ☐ 7:00 - 4:30
6. ☐ 7:15 - 4:45	7. ☐ 7:30 - 5:00	8. ☐ 7:45 - 5:15	9. ☐ 8:00 - 5:30	10. ☐ 8:15 - 5:45
11. ☐ 8:30 - 6:00				

B. EIGHT-HOUR DAY OPTION (Check One):		C. OFF DAY OPTION (Check One):	
1. ☐ First Monday	6. ☐ Second Wednesday	1. ☐ First Monday	6. ☐ Second Wednesday
2. ☐ Second Monday	7. ☐ First Thursday	2. ☐ Second Monday	7. ☐ First Thursday
3. ☐ First Tuesday	8. ☐ Second Thursday	3. ☐ First Tuesday	8. ☐ Second Thursday
4. ☐ Second Tuesday	9. ☐ First Friday	4. ☐ Second Tuesday	9. ☐ First Friday
5. ☐ First Wednesday	10. ☐ Second Friday	5. ☐ First Wednesday	10. ☐ Second Friday

MAXIFLEX TOUR

1st Mon.: _____ 1st Tues.: _____ 1st Wed.: _____ 1st Thurs.: _____ 1st Fri.: _____

2nd Mon.: _____ 2nd Tues.: _____ 2nd Wed.: _____ 2nd Thurs.: _____ 2nd Fri.: _____

Signature of Employee:	Date:

OFFICIAL ACTION ON REQUEST

I have reviewed your request against the requirements of your job assignment and have determined that your work schedule will be:

☐ As requested ☐ Other (as follows):

_____
_____
_____
_____

All work schedules will begin the first day of the pay period.

Signature of Team Leader/Supervisor:	Date: