REQUEST FOR PART-TIME PERMANENT EMPLOYMENT

Complete this form to request administrative approval of a part-time permanent employment tour of duty.
This request must be routed through your administrative officer.

GENERAL INFORMATION

You may change your health benefits enrollment within 31 days after the effective date of your change to a part-time work schedule. The Government's share of your premium for health benefits coverage will be reduced because you will be working part-time. Basic Life insurance coverage and Additional Optional coverage (if elected) are based on the rate of annual salary payable to you as a part- time employee, not the full-time salary rate. *NOTE: Part-time employees MAY NOT work in excess of the established number of hours in a pay period without prior administrative approval. Hours of duty can be changed from one day to another as long as the supervisor approves the request and the total number of hours does not exceed the established hours for the pay period.*

NAME OF EMPLOYEE: _____ ORGANIZATION SYMBOL: _____

SOCIAL SECURITY NUMBER: _____ WORK PHONE: _____

PROPOSED BEGINNING DATE OF PART TIME EMPLOYMENT (PAY PERIOD BEGINNING): _____
(Month-Day-Year)

PROPOSED TOUR OF DUTY:

_____ Monday
From: To:

_____ Tuesday
From: To:

_____ Wednesday
From: To:

_____ Thursday
From: To:

_____ Friday
From: To:

TOTAL HOURS PER WEEK: _____

JUSTIFICATION

_____

_____

_____

_____

CONCURRENCE

_____
Team Leader's Signature Date

_____
Group Leader's Signature Date

_____
Department Manager's Signature Date

_____
Manager, Human Resources Department Date

EMPLOYEE CERTIFICATION

In requesting a conversion to part-time permanent employment, it is my understanding that:

- *My appointment to part-time does not confer an automatic conversion privilege back to full time;*
- *in order to be considered for conversion back to full-time, the Center must be able to add to its overall workforce strength; and*
- *requests for conversions back to full-time or to change (increase or decrease) the amount of part-time work hours must be submitted and approved in advance.*

_____
Employee's Signature Date