UNITED STATES
DEPARTMENT OF THE INTERIOR
ASSISTANT SECRETARY-INDIAN AFFAIRS
BASIC WORKWEEK REQUEST

NOTE

Form does not take the place of T&A Report, or Quick Time.

1. Name of Employee	2. Title and Grade	3. Organization

4. This change is requested by: ☐ Employee or ☐ Supervisor

5. Workweek Schedule *(Check requested schedule):*
*(If you are a full-time employee and do not complete this form, you will be placed on regular work hours of **7:45**a.m. to until **4:15**p.m. with a one-half hour lunch.)*

FIXED*	COMPRESSED*	FLEXTIME	OTHER
☐ 8-hour day ☐ Part-time	☐ 5/4-9 ☐ 4-10	☐ Full-time or ☐ Part-time ☐ Gliding ☐ Variable Day ☐ Variable Week ☐ Maxiflex	☐ First 40 ☐ Intermittent ☐ Special Schedule*

*If you checked fixed, compressed or special schedule, fill in chart below: *(All non-overtime worked unless otherwise approved in writing by authorized official **must** be between **6:00**a.m. and 6:00 p.m. Monday through Friday.)*

DAY OF 1st WEEK	HOURS (Specify a.m./p.m.) FROM	TO	TIME ALLOWED (Meal)	TOTAL HOURS (Worked)

☐ **Check here if second week is identical to first week, otherwise fill out below if second week is different than first week**

DAY OF 2nd WEEK	HOURS (Specify a.m./p.m.) FROM	TO	TIME ALLOWED (Meal)	TOTAL HOURS (Worked)

6. Period Covered
☐ Indefinite
☐ Temporary *(1 year or less)* From _____ To _____
(Date) (Date)

7. Justification

Employee's Signature	Title	Date
Supervisor's Signature	Title	Date

TIMEKEEPER FILE