

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department on Disability Services**

**DDS UNIFIED FLEXIBLE, COMPRESSED AND TELEWORK APPLICATION**

**1. Your Information**

Name: Last First and Middle Initial

Administration: Employee ID#

**2. Programs Requested**

	<p><b>Flexible Schedule.</b> Indicate your preferred tour of duty and check the type of flexible schedule you would like.</p> <p>Start and End Time: _____</p> <p>Variable Day Schedule Individual Weekly Schedule Flexible Work Day Schedule</p>
	<p><b>Compressed Schedule.</b> Indicate the number of day(s) you are requesting to be off.</p> <p>One Two</p>
	<p><b>Telework (Routine).</b> Indicate the day(s) you are requesting to telework.</p> <p>Week 1: Monday Tuesday Wednesday Thursday Friday</p> <p>Week 2: Monday Tuesday Wednesday Thursday Friday</p>
	<p><b>Telework (Situational).</b></p>

**3. Resulting Schedule**

FIRST WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:					
END TIME:					
HOURS WORKED:					
TOTAL HOURS:					
SECOND WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:					
END TIME:					
HOURS WORKED:					
TOTAL HOURS:					

**4. Compressed Schedule Coverage**

Consistent with the AWS policy, a CWS should not impede government operations. All employees with approved CWS must ensure coverage of all work by their colleagues (not their supervisor) on compressed days off. On the line below, please identify the colleague who will routinely cover in your absence.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's/Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Deputy Director/Chief of Staff \_\_\_\_\_ Date \_\_\_\_\_

Agency Head's (or Designee's) Signature \_\_\_\_\_ Date \_\_\_\_\_

Personnel Authority's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved

Disapproved (See "Approval Signatures" on reverse side)

## INSTRUCTIONS FOR COMPLETING THE UNIFIED FLEXIBLE, COMPRESSED AND TELEWORK APPLICATION

Below are instructions for completing the DDS Unified Flexible, Compressed and Telework Application. Appropriate staff in District government subordinate agencies are required to complete the application in accordance with guidance shown on the application and the following instructions. For the convenience of users, instructions are shown for each of the sections on the form.

### Section 1. Your Information.

This section is to be completed by the employee. It should include the employee's full name (**last, first, middle**), the administration, and the employee's identification number (**Empl ID**).

### Section 2. Program Requested.

1. Employees seeking approval to participate in a specific flexible scheduling option (i.e. compressed work schedule, telework, etc.) must identify each scheduling option being requested.
2. *Flexible Work Schedule (FWS)* – If seeking approval to take part in a FWS, place a “x” mark in the corresponding box and a “x” in the type of FWS requested. Indicate the preferred tour of duty and the start and end time for the scheduled tour. An employee's FWS must encompass the agency's core hours.
3. *Compressed Work Schedule (CWS)* - If seeking approval of a CWS, the employee must indicate whether he or she is requesting to work a 9 hour or 10 hour day during this schedule.
  - 9 hr. day – One (1) day off per pay period
  - 10 hr. day–Two (2) days off per pay period (1 day per week)
4. *Telework (Routine)* – Employees requesting authorization to telework under a routine designation, as referenced in this instruction, must place a “x” mark to identify the day(s) they wish to telework per week. An employee who is ultimately approved to telework under a routine designation may utilize *situational telework* if a circumstance occurs that meets the parameters for situational usage. To be considered for situational telework, the employee must place a “x” mark in the box parallel to situational telework.

### Section 3. Resulting Schedule.

1. It is necessary for each employee who is completing the DDS Unified Flexible, Compressed and Telework application to enter additional information as it relates to his or her tour of duty.
2. Employees must enter the start and end time of their tour, hours worked, and total hours.

### Section 4. Compressed Schedule Coverage.

Employees must identify an employee of a similar grade and/or line of work to cover on your compressed day.

### Approval Signatures.

1. *Approval* – The immediate supervisor/manager, the Deputy Director/Chief of Staff, and the Human Capital Administrator, must sign off on the DDS Unified Flexible, Compressed and Telework application and Telework Agreement, as appropriate, to approve an employee's request for a flexible scheduling option(s). Each signatory must be aware that by signing, he and she is affirmatively stating that the duties of the position of the employee are suitable for the scheduling option(s) selected, that the employee has met the performance and training requirements to participate, and that the request is being approved.
  2. *Disapproval* – If the request is disapproved, enter the reason(s) for the disapproval below in the fillable area and discuss with the employee:
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