

**UNITED STATES DEPARTMENT OF AGRICULTURE
MARKETING AND REGULATORY PROGRAMS**

**DECISION DOCUMENTATION FOR CHANGE
IN OFFICIAL DUTY STATION (ODS)**

The following documents my decision in the request for a change in Official Duty Station (ODS) for:

1. Employee's Name <i>(printed)</i> :	2. Requested Duty Station <i>(city/state)</i> :
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3. This request applies to: Permanent Change in ODS Temporary Change in ODS 6 months or less greater than 6 months
(If 6 months or less, only supervisor's signature required for approval)

4. The request is:

Approved
Exceptions or Conditions:

Disapproved
Reason:

Name and Title of Deputy Administrator/Supervisor: <i>(if less than 6 months)</i>	Signature:	Date:
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ANNUAL REVIEWS

Date:	<input type="checkbox"/> Recommend approval, no change <input type="checkbox"/> Recommend approval, requires changes <input type="checkbox"/> Recommend disapproval	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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Summary of changes needed:	Comments:
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Name, Title, Signature of 1st Level Supervisor	Name, Title, Signature of Deputy Administrator	Date
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Date:	<input type="checkbox"/> Recommend approval, no change <input type="checkbox"/> Recommend approval, requires changes <input type="checkbox"/> Recommend disapproval	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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Summary of changes needed:	Comments:
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Name, Title, Signature of 1st Level Supervisor	Name, Title, Signature of Deputy Administrator	Date
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Date:	<input type="checkbox"/> Recommend approval, no change <input type="checkbox"/> Recommend approval, requires changes <input type="checkbox"/> Recommend disapproval	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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Summary of changes needed:	Comments:
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Name, Title, Signature of 1st Level Supervisor	Name, Title, Signature of Deputy Administrator	Date
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