

Extension to DOE-Flex Agreement

Instructions: If no changes have occurred to the initial DOE-Flex Agreement, write “None” in the applicable box. Specify the requested time extension to the Agreement in the space provided, sign, date, and provide to approving official(s).

Employee’s Name:	
Supervisor’s Name:	Telephone:
Type of DOE-Flex Arrangement: [] Routine [] Situational [] Medical * Routine-___day per week/pay period; (please circle) *Updated medical documentation is required and will be submitted with agreement.	
1. Describe any minor changes in the specific work to be performed at the alternative designated work site.	
2. Briefly describe any changes in how you meet the criteria for participation and the benefit to the EMCBC.	
3. Reasons for requested extension	
4. Requested period of extension to DOE-Flex Agreement (May not be a past date and must be before expiration date of agreement currently on file in OHR.)	
Employee Signature	Date
Immediate Supervisor’s Signature	Date
Other reviewing Officials’ signatures	Date
1. EMCBC DOE-Flex Program Coordinator’s Signature	
2. EMCBC Director’s/Deputy Director’s Signature (Situational and Medical Only)	

PRIVACY ACT STATEMENT

Section 6120 of Title 5 to the United States Code authorizes collection of this information. The information you submit in this application/agreement is protected by the Privacy Act of 1974. Providing information and signing this agreement is voluntary, but failure to sign this agreement will result in you not being approved for the employment arrangement specific herein. The primary use of the information contained in this agreement is by applicable management officials and supporting staff to approve and record the entitlements of this employment situation.

Distribution:

- Original – Office of Human Resources
- Copy to – Supervisor/Employee