

U. S. DEPARTMENT OF AGRICULTURE  
RESEARCH, EDUCATION, AND ECONOMICS

**TOUR RENEWAL AGREEMENT**

CHECK ONE:  First time form completed  Change of information previously given

1. NAME	2. SOCIAL SECURITY NUMBER	3. TELEPHONE NO. (including area code)
4. RESIDENCE AT TIME OF APPOINTMENT	5. PERSON TO NOTIFY IN CASE OF EMERGENCY (name, address, telephone number)	
6. AGENCY (check one) <input type="checkbox"/> ARS <input type="checkbox"/> ERS <input type="checkbox"/> CSREES <input type="checkbox"/> NASS	7. POST OF ASSIGNMENT	
8. ADDRESS USED FOR HOME LEAVE PURPOSES	9. REQUESTED NEW HOME LEAVE ADDRESS	
10. REASON FOR NEW HOME LEAVE ADDRESS (change in 4 above)	<b>11. AGENCY USE (for home leave address change only)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  Signed: _____ Authorizing Official / Office / Date	

I agree to fulfill the Tour Renewal Agreement obligation for the tour of duty checked below. If I do not fulfill my agreement as it pertains to Home Leave taken in CFR 630.606(e); I will repay my indebtedness for the Home Leave used and any associated transportation costs incurred through Home Leave use when the tour of duty is not completed.

12. SIGNATURE OF EMPLOYEE	13. TITLE	14. DATE
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**AGENCY USE**

15. DATE TOUR BEGINS	16. LENGTH OF TOUR OF DUTY <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> OTHER: _____
17. POST HOME LEAVE ACCRUAL RATE AT TIME OF ASSIGNMENT <input type="checkbox"/> 5 DAYS <input type="checkbox"/> 10 DAYS <input type="checkbox"/> 15 DAYS	18. END OF YEAR ANNUAL LEAVE CEILING <input type="checkbox"/> 240 HOURS <input type="checkbox"/> 360 HOURS <input type="checkbox"/> 720 HOURS
19. RECRUITMENT AREA FROM WHICH SELECTED	20. POST DIFFERENTIAL AT TIME OF ASSIGNMENT <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____

21. FORWARD COPIES TO:

<input type="checkbox"/> AUTHORIZING OFFICIAL (original)	<input type="checkbox"/> HUMAN RESOURCES DIVISION (OPF)	<input type="checkbox"/> TIME KEEPER
<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> TRAVEL OFFICE	

22. SIGNATURE OF AUTHORIZING OFFICIAL	23. OFFICE	24. DATE
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