

Center for Drug Evaluation and Research
Desk Sharing Program Application

Employee Name: _____

Bargaining Unit Employee: Yes _____ No _____

Employee Type: Civilian ___ Commissioned Corp ___ Staff Fellow ___ Visiting Scientist ___ Other ___

Office: _____ Division: _____

Building Location: _____ Room Type: _____ Room Number: _____

Existing Flexiplace Agreement: Yes ___ No ___ If yes, days per pay period: _____

Employee's participating in the Desk Sharing Program must work at least 5 days per pay-period at the official duty station. Please indicate below the participants scheduled days s/he will report to the official duty station.

WEEK 1: MON: ___ TUES: ___ WED: ___ THURS: ___ FRI: ___ SAT: ___

WEEK 2: MON: ___ TUES: ___ WED: ___ THURS: ___ FRI: ___ SAT: ___

- I understand that participation in the FDA Center for Drug Evaluation and Research desk sharing program is voluntary; and subject to the approval of a Flexible Work Place Program (FWAP) application. I further understand that approval will be based on CDER space need, the principles outlined in FDA/NTEU Collective Bargaining Agreement, Article 26 and CDER MAPP 4657.2. Termination in the desk sharing program by CDER Management will be done in accordance with the FDA/NTEU Collective Bargaining Agreement, Article 26 and CDER MAPP 4627.2. I further understand that if I elect to discontinue my participation in the desk sharing program, I will be assigned to a similar office held prior to participation in the desk sharing program. I understand there may be a transition period. Example: I will be assigned to available office space or required to share an office until an office similar to the one previously occupied becomes available.
- If participation in the program is terminated at the request of the employee or management, the supervisor will communicate such to the FWAP Coordinator.
- Employees who participate in Desk Sharing Program will be required to relinquish their existing office and must turn in all keys to the office.
- I have read the Desk Sharing Program Functional Statement and MOU (if applicable) and my signature below acknowledges that I fully understand and agree to the terms/conditions of the Program.
- I voluntarily request to participate in CDER's Desk Sharing Program.

Employee Signature: _____ Date: _____

Supervisory Concurrence: _____ Date: _____

Approving Official: _____ Date: _____

CDER/FWAP Coordinator: _____ Date: _____