

POPA PART-TIME PROGRAM REQUEST FORM

Employee Name: _____

I am:

- A Current Part-Time Participant**
 - Renewing participation in the program
 - Notifying of a change in schedule/hours

A New Applicant

I am Requesting participation in the following Part-Time program '7 ca dcbYbh

- Childcare (pre-school ageX)**
(has child who has not yet begun first grade)
- Childcare (school ageX)**
(has child in school who has not yet turned age 16)
- Eldercare (parent/grandparent)**
(has an elderly relative, including parent, grandparent, in-laws or equivalent relationships; who requires care)
- Retention Component**
 - Retirement Exception Eligible**
(MUST meet CSRS or FERS minimum retirement eligibility requirements)

I am also ___ a current participant, or ___ plan to apply, in the:

- Patents Hoteling Program (PHP)
- Patents Telework Program (PTP)

Note: Must separately apply and be eligible for these programs

Org./Art Unit: _____

Phone no.: _____

Please complete the following:
(New applicants and renewing participants only)

Requested start date: _____

Requested term in months (3-18): _____

End date: _____

Note: At the end of the term, participant will revert to full-time status or may reapply

Years of PTO service: _____
(at least 1yr)

GS Grade _____ Grade Date _____
(at least GS-11 for Retention Component)

Signatory Authority: PSA FSA

Work hours per biweek _____
Indicate between 32-64 hours

Note: Hotelers must work between 32-64 hours per pay period

Indicate the number of hours to be worked and the day on which they will be worked

	Week 1						Week 2					
	M	T	W	Th	F	S	M	T	W	Th	F	S
Hours	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

- * Must work at least 2 days and 16 hours per week (M-F)
- * May only work 4-10 regular hours per day
- * At least one core day (Tues or Thurs) must be worked each week between 12pm - 2pm

Employee's Signature: _____ Date: _____

Supervisor's acknowledgement that the employee meets the eligibility requirements to request enrollment in the part time program:

Print Name: _____ Signature: _____ Date: _____

Director's Signature:

Print Name: _____ Signature: _____ Date: _____

[Please forward the completed form to e-mail box: Part-TimeAdministrator@USPTO.GOV](mailto:Part-TimeAdministrator@USPTO.GOV)

Program Administrator's Approval: _____ Date: _____

Note: Applicants should ensure that their request forms are received by the Program Administrator no less than two (2) weeks prior to the requested start date. Applicants will be notified if their request has been approved or, if no current slot is available, that they have been placed on a wait list.