

<b>AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING</b>			A. Agency code, agency subelement and submitting office number <b>HE39</b>		B. Request Status (Mark (X) one) <input type="checkbox"/> Resubmission <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Cancellation	
<b>Section A - TRAINEE INFORMATION</b> Please read instructions on page 6 before completing this form						
1. Applicant's Name (Last, First, Middle Initial) <b>Walensky, Rochelle Paula</b>			2. Social Security Number/Federal Employee Number <b>XXX-XX-XXXX</b>		3. Date of Birth (yyyy-mm-dd) <b>XXXX-XX-XX</b>	
4. Home Address (Number, Street, City, State, Zip Code)			5. Home Telephone (Include Area Code)		6. Position Level (Mark (X) one) <input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> b. Supervisory <input checked="" type="checkbox"/> d. Executive	
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency) CDC\OD\OCS 1600 CLIFTON ROAD, NE, ATLANTA, GA, 30329			8. Office Telephone (Include Area Code and Extension) <b>(404) 639-7000</b>		9. Work Email Address <b>(b)(6)</b>	
10. Position Title CDC Director		11. Does applicant need Special accommodations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe below.				
12. Type of Appointment Schedule C Appointment		13. Educations Level	14. Pay Plan <b>ES</b>	15. Series <b>0602</b>	16. Grade <b>00</b>	17. Step <b>00</b>
<b>Section B - TRAINING COURSE DATA</b>						
1a. Name and Mailing Address of Training Vendor (No, Street, City, State, ZIP Code) <b>WELLESLEY PARTNERS LTD WELLESLEY PARTNERS, LTD. 15 HI, 15 HIGHLAND AVENUE PC MATTAPOISETT, MA, 02739-2232</b>				1b. Location of Training Site (if same, mark box) <input type="checkbox"/> 1600 Clifton Road, online , Atlanta, MA, 30329		
			1c. Vendor Telephone <b>8207697</b>		1d. Vendor Email Address	
2a. Course Title <b>Executive Coaching</b>		2b. Course Number Code		3. Training Start Date (yyyy-mm-dd) <b>2021-10-12</b>		4. Training End Date (yyyy-mm-dd) <b>2021-11-09</b>
5. Training Duty Hours <b>3.00</b>		6. Training Non-Duty Hours <b>0</b>		7. Training Purpose Type <b>3</b>		8. Training Type Code <b>2</b>
9. Training Sub Type Code <b>25</b>		10. Training Delivery Type Code <b>3</b>		11. Training Designation Type <b>5</b>		12. Training Credit <b>0</b>
13. Training Credit Type Code <b>4</b>		14. Training Accreditation Indicator (Check Below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		15. Continued Service Agreement Required Indicator (Check Below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Continued Service Agreement Expiration Date (yyyy-mm-dd)
17. Training Source Type Code <b>3</b>		18. Training Objective Request for executive coaching for Dr. Rochelle Walensky. The executive coaching will help the leader be more successful as she transitions into this leadership role from an Academic Medical Center, which might generally entail the areas of assessing and developing her new team, building key alliances across government agencies, setting a new agenda for the agency balancing near term crisis with long term agency success. Cancellation policy: This contract may be cancelled at any time as we only invoice for hours expended. At the time of cancellation, we will issue the final invoice that covers any hours since the prior invoice.				
19. AGENCY USE ONLY <b>\$1,500 19210001 252W OD-DIRECTOR'S OFFICE</b>						
<b>Section C - COSTS AND BILLING INFORMATION</b>						
1. Direct Costs and Appropriation / Fund Chargeable			2. Indirect Costs and Appropriation / Fund Chargeable			
Item	Amount	Appropriation / Fund	Item	Amount	Appropriation / Fund	
a. Tuition and Fees	\$ 1,500.00		a. Travel	\$		
b. Books & Material Costs	\$		b. Per Diem	\$		
c. TOTAL	\$ 1,500.00		c. TOTAL	\$		
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTION (Furnish Invoice to): <b>Centers For Disease Control And Prevention P.O. Box 15580 Atlanta, Georgia 30333 Or email: cpbapinv@cdc.gov Or fax: 404-638-5324</b>			
4. Document / Purchasing Order / Requisition Number <b>T.O. #2191839</b>			Payment inquiry email: <b>OCFOServiceDesk@CDC.Gov</b> or contact <b>678-475-4510</b>			
5. 8 - Digit Station Symbol (Example - 12-345-6789) <b>75090421</b>						

**Section D - APPROVALS**1a. Reviewed/Recommended by - *Name*

Kimberly D. Lumpkin

1b. Area Code/Telephone Number

(404) 639-7512

1c. Email Address

kjj2@cdc.gov

1d. Signature (*eSigned in VSTS*)

Kimberly D. Lumpkin

1e. Date

2022-01-11

2a. Reviewed/Recommended by - *Name*

2b. Area Code/Telephone Number

2c. Email Address

2d. Signature (*eSigned in VSTS*)

2e. Date

3a. Entered by - *Name*

Donna Y. Harris

3b. Area Code/Telephone Number

(404) 639-7011

3c. Email Address

zgr3@cdc.gov

3d. Signature (*not required*)

3e. Date

2021-08-19

**Section E - APPROVALS / CONCURRENCE**1a. Authorizing Official - *Name*

Victoria L. Hunter

1b. Area Code/Telephone Number

(404) 639-7124

1c. Email Address

vdp5@cdc.gov

1d. Signature (*eSigned in VSTS*)

Victoria L. Hunter

1e. Date

2022-01-11

**Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION**1a. Certified by - *Name*

Donna Y. Harris

1b. Area Code/Telephone Number

(404) 639-7011

1c. Email Address

zgr3@cdc.gov

1d. Signature (*eSigned in VSTS*)

Donna Y. Harris

1e. Date

2022-01-11

TRAINING FACILITY - Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.

Note: This agreement must be signed by the nominee for Government training that exceeds 160 hours (or such other designated period, less than 160 hours as prescribed by the agency) for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this SAMPLE agreement below shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

## Continued Service Agreement

Employees, who are selected to training for more than a minimum period as prescribed in Title 5 USC 4108 and 5 CFR 410.309, see your supervisor for more information on the internal policies to implement a continued service agreement.

### Employees Agreement to Continue in Service

#### To be completed by applicant:

1. I AGREE that, upon completion of the Government sponsored training described in this authorization, if I receive salary covering the training period, I will serve in the agency three (3) times the length of the training period. If I received no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week).

**NOTE:** For the purposes of this agreement the term 'agency' refers to the employing organization (such as an Executive Department or Independent Establishment), not to a segment of such organization.

2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for fees, such as the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. These fees are reflected in Section C Costs and Billing Information. Note: Additional information about fees and expenses can be found in the Guide to Human Resource Reporting (GHRR). <http://www.opm.gov/feddata/ghrr/index.asp>
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed, I will give my organization written notice of at least ten working days during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the full amount of additional expenses 5 U.S.C. 4108 (a) (2) incurred by the Government in this training.
4. I understand that any amount of money which may be due to the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

5. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
  
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated Service: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



<b>AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING</b>			A. Agency code, agency subelement and submitting office number <b>HE39</b>		B. Request Status (Mark (X) one) <input type="checkbox"/> Resubmission <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Cancellation	
<b>Section A - TRAINEE INFORMATION</b> Please read instructions on page 6 before completing this form						
1. Applicant's Name (Last, First, Middle Initial) <b>Walensky, Rochelle Paula</b>			2. Social Security Number/Federal Employee Number <b>XXX-XX-XXXX</b>		3. Date of Birth (yyyy-mm-dd) <b>XXXX-XX-XX</b>	
4. Home Address (Number, Street, City, State, Zip Code)			5. Home Telephone (Include Area Code)		6. Position Level (Mark (X) one) <input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> b. Supervisory <input checked="" type="checkbox"/> d. Executive	
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency) CDC\OD\OCS 1600 CLIFTON ROAD, NE, ATLANTA, GA, 30329			8. Office Telephone (Include Area Code and Extension) <b>(404) 639-7000</b>		9. Work Email Address <b>(b)(6)</b>	
10. Position Title CDC Director		11. Does applicant need Special accommodations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe below.				
12. Type of Appointment Schedule C Appointment		13. Educations Level	14. Pay Plan <b>ES</b>	15. Series <b>0602</b>	16. Grade <b>00</b>	17. Step <b>00</b>
<b>Section B - TRAINING COURSE DATA</b>						
1a. Name and Mailing Address of Training Vendor (No, Street, City, State, ZIP Code) <b>WELLESLEY PARTNERS LTD WELLESLEY PARTNERS, LTD. 15 HI, 15 HIGHLAND AVENUE PC MATTAPOISETT, MA, 02739-2232</b>				1b. Location of Training Site (if same, mark box) <input type="checkbox"/> 1600 Clifton Road, online , Atlanta, MA, 30329		
				1c. Vendor Telephone <b>8207697</b>		1d. Vendor Email Address
2a. Course Title <b>Executive Coaching</b>		2b. Course Number Code		3. Training Start Date (yyyy-mm-dd) <b>2021-03-30</b>		4. Training End Date (yyyy-mm-dd) <b>2021-08-31</b>
5. Training Duty Hours <b>13.50</b>		6. Training Non-Duty Hours <b>0</b>		7. Training Purpose Type <b>3</b>		8. Training Type Code <b>2</b>
9. Training Sub Type Code <b>25</b>		10. Training Delivery Type Code <b>3</b>		11. Training Designation Type <b>5</b>		12. Training Credit <b>0</b>
13. Training Credit Type Code <b>4</b>		14. Training Accreditation Indicator (Check Below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		15. Continued Service Agreement Required Indicator (Check Below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Continued Service Agreement Expiration Date (yyyy-mm-dd)
17. Training Source Type Code <b>3</b>		18. Training Objective Request for executive coaching for Dr. Rochelle Walensky. The executive coaching will help the leader be more successful as she transitions into this leadership role from an Academic Medical Center, which might generally entail the areas of assessing and developing her new team, building key alliances across government agencies, setting a new agenda for the agency balancing near term crisis with long term agency success. Cancellation policy: we only bill for hours spent with a client. We can be cancelled at any time with no additional billing.				
19. AGENCY USE ONLY <b>\$6,750 19210001 252W OD-DIRECTOR'S OFFICE</b>						
<b>Section C - COSTS AND BILLING INFORMATION</b>						
1. Direct Costs and Appropriation / Fund Chargeable			2. Indirect Costs and Appropriation / Fund Chargeable			
Item	Amount	Appropriation / Fund	Item	Amount	Appropriation / Fund	
a. Tuition and Fees	\$ <b>6,750.00</b>		a. Travel	\$		
b. Books & Material Costs	\$		b. Per Diem	\$		
c. TOTAL	\$ <b>6,750.00</b>		c. TOTAL	\$		
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTION (Furnish Invoice to): <b>Centers For Disease Control And Prevention P.O. Box 15580 Atlanta, Georgia 30333 Or email: cpbapinv@cdc.gov Or fax: 404-638-5324</b>			
4. Document / Purchasing Order / Requisition Number <b>T.O. #2190514</b>			Payment inquiry email: <b>OCFOServiceDesk@CDC.Gov</b> or contact <b>678-475-4510</b>			
5. 8 - Digit Station Symbol (Example - 12-345-6789) <b>75090421</b>						

**Section D - APPROVALS**1a. Reviewed/Recommended by - *Name*

Kimberly D. Lumpkin

1b. Area Code/Telephone Number

(404) 639-7512

1c. Email Address

kjj2@cdc.gov

1d. Signature (*eSigned in VSTS*)

Kimberly D. Lumpkin

1e. Date

2021-11-04

2a. Reviewed/Recommended by - *Name*

2b. Area Code/Telephone Number

2c. Email Address

2d. Signature (*eSigned in VSTS*)

2e. Date

3a. Entered by - *Name*

Donna Y. Harris

3b. Area Code/Telephone Number

(404) 639-7011

3c. Email Address

zgr3@cdc.gov

3d. Signature (*not required*)

3e. Date

2021-03-01

**Section E - APPROVALS / CONCURRENCE**1a. Authorizing Official - *Name*

Victoria L. Hunter

1b. Area Code/Telephone Number

(404) 639-7124

1c. Email Address

vdp5@cdc.gov

1d. Signature (*eSigned in VSTS*)

Victoria L. Hunter

1e. Date

2021-11-05

**Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION**1a. Certified by - *Name*

Victoria L. Hunter

1b. Area Code/Telephone Number

(404) 639-7124

1c. Email Address

vdp5@cdc.gov

1d. Signature (*eSigned in VSTS*)

Victoria L. Hunter

1e. Date

2021-11-09

TRAINING FACILITY - Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.

Note: This agreement must be signed by the nominee for Government training that exceeds 160 hours (or such other designated period, less than 160 hours as prescribed by the agency) for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this SAMPLE agreement below shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

## Continued Service Agreement

Employees, who are selected to training for more than a minimum period as prescribed in Title 5 USC 4108 and 5 CFR 410.309, see your supervisor for more information on the internal policies to implement a continued service agreement.

### Employees Agreement to Continue in Service

#### To be completed by applicant:

1. I AGREE that, upon completion of the Government sponsored training described in this authorization, if I receive salary covering the training period, I will serve in the agency three (3) times the length of the training period. If I received no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week).

**NOTE:** For the purposes of this agreement the term 'agency' refers to the employing organization (such as an Executive Department or Independent Establishment), not to a segment of such organization.

2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for fees, such as the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. These fees are reflected in Section C Costs and Billing Information. Note: Additional information about fees and expenses can be found in the Guide to Human Resource Reporting (GHRR). <http://www.opm.gov/feddata/ghrr/index.asp>
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed, I will give my organization written notice of at least ten working days during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the full amount of additional expenses 5 U.S.C. 4108 (a) (2) incurred by the Government in this training.
4. I understand that any amount of money which may be due to the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

5. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
  
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated Service: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



<b>AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING</b>			A. Agency code, agency subelement and submitting office number <b>HE39</b>		B. Request Status (Mark (X) one) <input type="checkbox"/> Resubmission <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Cancellation	
<b>Section A - TRAINEE INFORMATION</b> Please read instructions on page 6 before completing this form						
1. Applicant's Name (Last, First, Middle Initial) <b>Walensky, Rochelle Paula</b>			2. Social Security Number/Federal Employee Number <b>XXX-XX-XXXX</b>		3. Date of Birth (yyyy-mm-dd) <b>XXXX-XX-XX</b>	
4. Home Address (Number, Street, City, State, Zip Code)			5. Home Telephone (Include Area Code)		6. Position Level (Mark (X) one) <input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> b. Supervisory <input checked="" type="checkbox"/> d. Executive	
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency) CDC\OD 1600 CLIFTON ROAD, NE, ATLANTA, GA, 30329			8. Office Telephone (Include Area Code and Extension) <b>(404) 639-7000</b>		9. Work Email Address <b>(b)(6)</b>	
10. Position Title CDC Director		11. Does applicant need Special accommodations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe below.				
12. Type of Appointment Schedule C Appointment		13. Educations Level	14. Pay Plan <b>ES</b>	15. Series <b>0602</b>	16. Grade <b>00</b>	17. Step <b>00</b>
<b>Section B - TRAINING COURSE DATA</b>						
1a. Name and Mailing Address of Training Vendor (No, Street, City, State, ZIP Code) <b>WELLESLEY PARTNERS LTD WELLESLEY PARTNERS, LTD. 15 HI, 15 HIGHLAND AVENUE PC MATTAPOISETT, MA, 02739-2232</b>				1b. Location of Training Site (if same, mark box) <input type="checkbox"/> 1600 Clifton Road, online , Atlanta, MA, 30329		
				1c. Vendor Telephone <b>8207697</b>		1d. Vendor Email Address
2a. Course Title <b>Executive Coaching</b>		2b. Course Number Code	3. Training Start Date (yyyy-mm-dd) <b>2022-01-01</b>		4. Training End Date (yyyy-mm-dd) <b>2022-09-30</b>	
5. Training Duty Hours <b>36.00</b>	6. Training Non-Duty Hours <b>0</b>	7. Training Purpose Type <b>3</b>		8. Training Type Code <b>2</b>		
9. Training Sub Type Code <b>25</b>	10. Training Delivery Type Code <b>3</b>	11. Training Designation Type <b>5</b>	12. Training Credit <b>0</b>		13. Training Credit Type Code <b>4</b>	
14. Training Accreditation Indicator (Check Below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		15. Continued Service Agreement Required Indicator (Check Below) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. Continued Service Agreement Expiration Date (yyyy-mm-dd) <b>2023-03-29</b>		17. Training Source Type Code <b>3</b>	
18. Training Objective Request for executive coaching for Dr. Rochelle Walensky. The executive coaching will help the leader be more successful as she transitions into this leadership role from an Academic Medical Center, which might generally entail the areas of assessing and developing her new team, building key alliances across government agencies, setting a new agenda for the agency balancing near term crisis with long term agency success. Cancellation policy: This contract may be cancelled at any time as we only invoice for hours expended. At the time of cancellation, we will issue the final invoice that covers any hours since the prior invoice.				19. AGENCY USE ONLY <b>\$18,000 29210001 252W OD-DIRECTOR'S OFFICE</b>		
<b>Section C - COSTS AND BILLING INFORMATION</b>						
1. Direct Costs and Appropriation / Fund Chargeable			2. Indirect Costs and Appropriation / Fund Chargeable			
Item	Amount	Appropriation / Fund	Item	Amount	Appropriation / Fund	
a. Tuition and Fees	\$ <b>18,000.00</b>		a. Travel	\$		
b. Books & Material Costs	\$		b. Per Diem	\$		
c. TOTAL	\$ <b>18,000.00</b>		c. TOTAL	\$		
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTION (Furnish Invoice to): <b>Centers For Disease Control And Prevention P.O. Box 15580 Atlanta, Georgia 30333 Or email: cpbapinv@cdc.gov Or fax: 404-638-5324</b>			
4. Document / Purchasing Order / Requisition Number <b>T.O. #2290002</b>						
5. 8 - Digit Station Symbol (Example - 12-345-6789) <b>75090421</b>			Payment inquiry email: <b>OCFOServiceDesk@CDC.Gov</b> or contact <b>678-475-4510</b>			

**Section D - APPROVALS**1a. Reviewed/Recommended by - *Name*

Donna Y. Harris

1b. Area Code/Telephone Number

(404) 639-7011

1c. Email Address

zgr3@cdc.gov

1d. Signature (*eSigned in VSTS*)

Donna Y. Harris

1e. Date

2021-10-14

2a. Reviewed/Recommended by - *Name*

2b. Area Code/Telephone Number

2c. Email Address

2d. Signature (*eSigned in VSTS*)

2e. Date

3a. Entered by - *Name*

Donna Y. Harris

3b. Area Code/Telephone Number

(404) 639-7011

3c. Email Address

zgr3@cdc.gov

3d. Signature (*not required*)

3e. Date

2021-10-08

**Section E - APPROVALS / CONCURRENCE**1a. Authorizing Official - *Name*

Victoria L. Hunter

1b. Area Code/Telephone Number

(404) 639-7124

1c. Email Address

vdp5@cdc.gov

1d. Signature (*eSigned in VSTS*)

Victoria L. Hunter

1e. Date

2021-10-14

**Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION**1a. Certified by - *Name*

1b. Area Code/Telephone Number

1c. Email Address

1d. Signature (*eSigned in VSTS*)

1e. Date

TRAINING FACILITY - Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.

Note: This agreement must be signed by the nominee for Government training that exceeds 160 hours (or such other designated period, less than 160 hours as prescribed by the agency) for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this SAMPLE agreement below shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

## Continued Service Agreement

Employees, who are selected to training for more than a minimum period as prescribed in Title 5 USC 4108 and 5 CFR 410.309, see your supervisor for more information on the internal policies to implement a continued service agreement.

### Employees Agreement to Continue in Service

#### To be completed by applicant:

1. I AGREE that, upon completion of the Government sponsored training described in this authorization, if I receive salary covering the training period, I will serve in the agency three (3) times the length of the training period. If I received no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week).

**NOTE:** For the purposes of this agreement the term 'agency' refers to the employing organization (such as an Executive Department or Independent Establishment), not to a segment of such organization.

2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for fees, such as the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. These fees are reflected in Section C Costs and Billing Information. Note: Additional information about fees and expenses can be found in the Guide to Human Resource Reporting (GHRR). <http://www.opm.gov/feddata/ghrr/index.asp>
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed, I will give my organization written notice of at least ten working days during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the full amount of additional expenses 5 U.S.C. 4108 (a) (2) incurred by the Government in this training.
4. I understand that any amount of money which may be due to the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

5. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
  
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated Service: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_