AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING					A	A. Agency code, agency subelement and submitting office number HE39				B. Request Status (Mark (X) one) Resubmission Initial Correction Cancellation				
Section A - TRAIL Please read instructions on pa							NEE INFORMATION							
						Social Security Number/Federal Employee Number					te of Birth (yyyy-			
4. Home Address (Number,	Street, C	ity, State, Zip C	ode)		5	5. Home Telephone (Include Area Code)			6. Position Level (<i>Mark (X) one</i>) a. Non-supervisory b. Supervisory d. Executive					
7. Organization Mailing Address (Branck-Division/Office/Bureau/Agency) CDC\OD\OCS 1600 CLIFTON ROAD, NE, ATLANTA, GA, 30329				8.	8. Office Telephone (Include Area Code and Extension) (404) 639-7000			town the s		(b)(6)				
10. Position Title CDC Director 11. Does applicant need Special accomodations? Yes No				If yes, please describe below.										
12. Type of Appointment Schedule C Appointment		13.	Educations Level	14. Pay	Plan		15. Series 060	11.11.1	16. Grade 00			17. Step 00		
			Section B	- TRA	INI	NG COL	JRSE DA	TA				I.		
1a. Name and Mailing Addre WELLESLEY PARTNER WELLESLEY PARTNER 15 HIGHLAND AVENUE	S LTD S, LTD PC	15 HI,	No, Street, City, State	e, ZIP Co	de)	1b. Location of Training Site (if sam 1600 Clifton Road, online , Atlanta, MA, 30329 1c. Vendor Telephone			e, mark box) 1d. Vendor Email Address					
MATTAPOISETT, MA, 02739-2232 2a. Course Title Executive Coaching				Cou	8207697 ourse Number Code 3. Training (yyyy-m)						4. Training End Date (yyyy-mm-dd) 2021-11-09			
5. Training Duty Hours 3.00		6. Training Nor	0	******	Training Purpose Type				8. Training Type Code					
9. Training Sub Type Code 25	3	10. Training De	elivery Type Code		5			ning Credit 13. Training Credit Type Code 4			pe Code			
14. Training Accreditation In (Check Below) ☐ Yes ☐ No ☐	dicator N/A	Required In	Service Agreement dicator (Check Belo			Continued Service Agreement Expiration Date (yyyy-mm-dd) 17. Training Source Type Code 3					е			
18. Training Objective Request for executive coaching for Dr. Rochelle Walensky. The executive coaching will leader be more successful as she transitions into this leadership role from an Academic Center, which might generally entail the areas of assessing and developing her new tea building key alliances across government agencies, setting a new agenda for the agenc balancing near term crisis with long term agency success. Cancellation policy: This con be cancelled at any time as we only invoice for hours expended. At the time of cancella will issue the final invoice that covers any hours since the prior invoice.						c Medical am, icy ntract may	19. AGENO \$1,500	Y USE ONLY 0 1921000		Y OD-E	DIRECT	TOR'S OFFICE		
		Se	ection C - COS	STS AI	ND	BILLIN	G INFOR	MATION						
Direct Costs and Appropri	iation / F		- I			2. Indirect	CONTRACTOR CONTRACTOR	propriation /	000 800 000 810 8100		e			
Item a. Tuition and Fees	\$	1,500.0	Appropriation	on / Fund	nd a. Trave		Item		Amount \$		Appropriation		Fund	
b. Books & Material Costs	\$	1,500.0	50			b. Per Diem		\$						
c. TOTAL	\$	1,500.0	00			c. TOTAL \$		\$						
Total Training Non-Government Contribution Cost 4. Document / Purchasing Order / Requistion Number T.O. #2191839					6. BILLING INSTRUCTION (Furnish Invoice to): Centers For Disease Control And Prevention P.O. Box 15580 Atlanta, Georgia 30333 Or email: cpbapinv@cdc.gov Or fax: 404-638-5324									
5. 8 - Digit Station Symbol (Example - 12-345-6789) 75090421					Payment inquiry email: OCFOServiceDesk@CDC.Gov or contact 678-475-4510									

CDC 0.1401 Page 1 of 4

Se	ction D - APPROVALS				
1a. Reviewed/Recommended by - Name					
Kimberly D. Lumpkin					
1b. Area Code/Telephone Number	1c. Email Address				
(404) 639-7512	kjj2@cdc.gov				
1d. Signature (eSigned in VSTS)	1e. Date				
Kimberly D. Lumpkin	2022-01-11				
2a. Reviewed/Recommended by - Name	<u> </u>				
2b. Area Code/Telephone Number	2c. Email Address				
2d. Signature (eSigned in VSTS)	2e. Date				
3a. Entered by - <i>Name</i>					
Donna Y. Harris					
3b. Area Code/Telephone Number	3c. Email Address				
(404) 639-7011	zgr3@cdc.gov				
3d. Signature (not required)	3e. Date				
	2021-08-19				
Section E - A	APPROVALS / CONCURRENCE				
1a. Authorizing Official - Name					
Victoria L. Hunter					
1b. Area Code/Telephone Number	1c. Email Address				
(404) 639-7124	vdp5@cdc.gov				
1d. Signature (eSigned in VSTS)	1e. Date				
Victoria L. Hunter	2022-01-11				
Section F - CERTIFICATION	OF TRAINING COMPLETION AND EVALUATION				
1a. Certified by - Name					
Donna Y. Harris					
1b. Area Code/Telephone Number	1c. Email Address				
(404) 639-7011	zgr3@cdc.gov				
1d. Signature (eSigned in VSTS) 1e. Date					
Donna Y. Harris	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.				

CDC 0.1401 Page 2 of 4

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.

CDC 0.1401 Page 3 of 4

- 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:	

CDC 0.1401 Page 4 of 4

AUTHORIZATION, AGREE AND CERTIFICATION OF 1	A. Agency code, agency subelement and submitting office number HE39			B. Request Status (Mark (X) one) Resubmission Initial Correction Cancellation						
		NEE INFORMATION age 6 before completing this form								
1. Applicant's Name (Last, First, Middle Initial)		Social Security Number/Federal Employee				ee Number 3. Date of Birth (yyyy-mm-dd				
Walensky, Rochelle Paula		XXX->	XXXXX-X		XXXX-XX-XX					
4. Home Address (Number, Street, City, State, 2	(ip Code)			5. Home Telephone (Include Area Code)			6. Position Level (<i>Mark (X) one</i>) a. Non-supervisory b. Supervisory d. Executive			
7. Organization Mailing Address (Branck-Divisio	n/Office/Bureau/Agency))		8. Office Telephone (Include Area Code and Extension)			mail Addres			
CDC\OD\OCS 1600 CLIFTON ROAD, NE, ATLANTA, GA	A, 30329		20	4) 639-70	27.0		(b)(6)			
10. Position Title CDC Director	11. Does applicant nee accomodations?	ed Special No	If yes, plea	ase describe l	pelow.					
12. Type of Appointment	13. Educations Level	14. Pay I	Plan	15. Series	1	6. Grade		17. Step		
Schedule C Appointment			ES	060)2	0	10	00	_	
	Section B	- TRAI	NING COL	JRSE DA	TA					
1a. Name and Mailing Address of Training Vend WELLESLEY PARTNERS LTD WELLESLEY PARTNERS, LTD. 15 HI, 15 HIGHLAND AVENUE PC	or (No, Street, City, Stat	e, ZIP Cod	1600 Clifto online , Atl	1b. Location of Training Site (if same, mark box) 1600 Clifton Road, online , Atlanta, MA, 30329						
MATTAPOISETT, MA, 02739-2232			1c. Vendo	1c. Vendor Telephone 8207697			1d. Vendor Email Address			
2a. Course Title Executive Coaching			Course Numbe	ourse Number Code 3. Training (yyyy-mi)				 Training End Date (yyyy-mm-dd) 2021-08-3 		
5. Training Duty Hours 6. Training Non-Duty Hours 7. Tra				е Туре		T 1 1 1 2 2 2 2	ning Type C			
13.50	0			3			2			
9. Training Sub Type Code 10. Trainin	g Delivery Type Code	11.	Training Design	nation Type	12. Train	ing Credit	13.	Training Credit Typ	e Code	
25	3		5			0		4		
(Check Below) Require	ued Service Agreement ed Indicator (Check Belo		Continued Ser (yyyy-mm-dd)	Continued Service Agreement Expiration Date (17. Training Source Type (19.4)))	
Yes No N/A Yes 18. Training Objective	⊠ No			10 ACENO	Y USE ONLY					
Request for executive coaching for Dr. Rochelle leader be more successful as she transitions into Center, which might generally entail the areas of building key alliances across government agenci balancing near term crisis with long term agency hours spent with a client. We can be cancelled a	emic Medical w team, gency only bill for	\$6,750) 1921000		OD-DIREC	CTOR'S OFFICE				
	Section C - CO	STS AN	ND BILLIN	G INFOR	MATION					
1. Direct Costs and Appropriation / Fund Charge	able		2. Indirect	Costs and Ap	propriation / F	und Char	geable			
Item Amount	Appropriation / Fund		A STATE SALE			Amount		Appropriation / F	und	
	50.00		a. Travel		\$					
b. Books & Material Costs \$ c. TOTAL \$ 6.75	50.00		b. Per Diem c. TOTAL		\$					
c. TOTAL \$\\$ 6,750.00 3. Total Training Non-Government Contribution Cost				6. BILLING INSTRUCTION (Furnish Invoice to): Centers For Disease Control And Prevention P.O. Box 15580						
4. Document / Purchasing Order / Requistion Nu. T.O. #2190	Or emai	Atlanta, Georgia 30333 Or email: cpbapinv@cdc.gov Or fax: 404-638-5324								
5. 8 - Digit Station Symbol (Example - 12-345-6789) 75090421				Payment inquiry email: OCFOServiceDesk@CDC.Gov or contact 678-475-4510						

CDC 0.1401 Page 1 of 4

Se	ection D - APPROVALS					
1a. Reviewed/Recommended by - Name						
Kimberly D. Lumpkin						
1b. Area Code/Telephone Number	1c. Email Address					
(404) 639-7512	kjj2@cdc.gov					
1d. Signature (eSigned in VSTS)	1e. Date					
Kimberly D. Lumpkin	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 - <i>Name</i>						
Donna Y. Harris						
3b. Area Code/Telephone Number	3c. Email Address					
(404) 639-7011	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	1c. Email Address					
(404) 639-7124	vdp5@cdc.gov					
1d. Signature (eSigned in VSTS)	1e. Date					
Victoria L. Hunter	2021-11-05					
Section F - CERTIFICATION	OF TRAINING COMPLETION AND EVALUATION					
1a. Certified by - Name						
Victoria L. Hunter						
1b. Area Code/Telephone Number	1c. Email Address					
(404) 639-7124	vdp5@cdc.gov					
1d. Signature (eSigned in VSTS) 1e. Date						
Victoria L. Hunter 2021-11-09						
TRAINING FACILITY - Bills should be sent to office indicated in item C	6. Please refer to number given in item C4 to assure prompt payment.					

CDC 0.1401 Page 2 of 4

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.

CDC 0.1401 Page 3 of 4

- 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:	

CDC 0.1401 Page 4 of 4

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING					A	A. Agency code, agency subelement and submitting office number HE39			B. Request Status (Mark (X) one) Resubmission Initial Correction Cancellation				
Section A - TRAIN Please read instructions on pa							NEE INFORMATION						
1. Applicant's Name (Last, F	irst, Middle		se read mstruc	,110113 011	$\overline{}$		urity Number		loyee Nu	mber	3. Dat	te of Birth (yyyy-i	nm-dd)
Walensky, Rochelle Paula							XXX->	X-XXXX				XXXX-XX->	ίX
4. Home Address (Number,	Street, City	y, State, Zip Code	e)		5	5. Home Telephone (Include Area Code)			6. Position Level (<i>Mark (X) one</i>) a. Non-supervisory				
7. Organization Mailing Add	ress (Brand	ck-Division/Office	/Bureau/Agency)	8	8. Office Telephone (Include Area Code and Extension)			9. Work	Email A	Address		
CDC\OD 1600 CLIFTON ROAD, N	NE, ATLA	NTA, GA, 3032	9			* .	4) 639-70	250		- t	(b	(b)(6)	
10. Position Title CDC Director	[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]			I	If yes, plea	ase describe l	oelow.						
12. Type of Appointment		13. Ec	ucations Level	14. Pay	Pla	n	15. Series		16. Grad	е		17. Step	
Schedule C Appointment		1,60			E	S	060)2		00		00	
			Section B	- TRA	INI	NG COL	JRSE DA	TA					
1a. Name and Mailing Addre WELLESLEY PARTNER WELLESLEY PARTNER 15 HIGHLAND AVENUE	S LTD S, LTD. 1	70	Street, City, Stat	e, ZIP Co	ode)	1600 Clifto online , Atla	1b. Location of Training Site (if same, mark box) 1600 Clifton Road, online , Atlanta, MA, 30329						
MATTAPOISETT, MA, 0		2				1c. Vendor Telephone 8207697			1d. Vendor Email Address				
2a. Course Title Executive Coaching				2b.	Cou	ourse Number Code 3. Training (yyyy-m					4. Training End Date (yyyy-mm-dd) 2022-09-30		
5. Training Duty Hours	6	6. Training Non-D	uty Hours	7 -	Trair	ning Purpose	Type	202	100	ining T	vne Co		00
36.00	ľ	o. Training Non-D	0		Haii	iiig i dipose	3		0. 116	ining i	урс ОО	2	
\$150 82 \$150 (\$2.00) x	- 10		AT1		*			40 T			10 T	637	
9. Training Sub Type Code 10. Training Delivery Type Code 3			Ira	raining Designation Type 12. Tra			ning Cred	int	13. 11	raining Credit Typ	be Code		
(Check Below) Required Indicator (Check Below)				ntinued Serv yy-mm-dd)	vice Agreeme	34	Date	17. Tra	ining S	ource Type Code	9		
	N/A	X Yes ☐ N	10				11-441-000000	Y USE ONL	,			- E	
18. Training Objective Request for executive coaching for Dr. Rochelle Walensky. The executive coaching will help leader be more successful as she transitions into this leadership role from an Academic Med 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 be cancelled at any time as we only invoice for hours expended. At the time of cancellation, will issue the final invoice that covers any hours since the prior invoice.						ic Medical eam, ncy ntract may lation, we	\$18,000	292100		V OD-E	DIREC1	FOR'S OFFICE	
		Sect	ion C - CO	STS A	ND	BILLIN	G INFOR	MATION					
1. Direct Costs and Appropr	iation / Fun	nd Chargeable				2. Indirect	Costs and Ap	propriation /	Fund Cha	argeable	е		
Item		Amount	Appropriati	Appropriation / Fund		Item		Amount			Appropriation / Fund		und
a. Tuition and Fees	\$	18,000.00				a. Travel		\$					
b. Books & Material Costs	\$	NETTERNEN EN ENEM OEKSET				b. Per Diem		- 100	\$		_		
c. TOTAL \$ 18,000.00				150 mm	TAL	\$	Table 1	e Co					
Total Training Non-Government Contribution Cost				6. BILLING INSTRUCTION (Furnish Invoice to): Centers For Disease Control And Prevention P.O. Box 15580									
4. Document / Purchasing Order / Requisiton Number T.O. #2290002					Atlanta, Georgia 30333 Or email: cpbapinv@cdc.gov Or fax: 404-638-5324								
5. 8 - Digit Station Symbol (Example -	12-345-6789)				CONTRACTOR TEACH STREET TEACHER							
75090421				Payment inquiry email: OCFOServiceDesk@CDC.Gov or contact 678-475-4510									

CDC 0.1401 Page 1 of 4

Se	ection D - APPROVALS
1a. Reviewed/Recommended by - Name	Consideration and the first Consideration in the co
Donna Y. Harris	
1b. Area Code/Telephone Number	1c. Email Address
(404) 639-7011	zgr3@cdc.gov
1d. Signature (eSigned in VSTS)	1e. Date
Donna Y. Harris	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 - <i>Name</i>	I
Donna Y. Harris	
3b. Area Code/Telephone Number	3c. Email Address
(404) 639-7011	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	1c. Email Address
(404) 639-7124	vdp5@cdc.gov
1d. Signature (eSigned in VSTS)	1e. Date
Victoria L. Hunter	2021-10-14
Section F - CERTIFICATION	OF TRAINING COMPLETION AND EVALUATION
1a. Certified by - Name	
1b. Area Code/Telephone Number	1c. Email Address
And a real way where the second of the secon	and the contract of the contra
1d. Signature (eSigned in VSTS)	1e. Date
TRAINING FACILITY - Bills should be sent to office indicated in item C6	6. Please refer to number given in item C4 to assure promot payment

CDC 0.1401 Page 2 of 4

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.

CDC 0.1401 Page 3 of 4

- 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:	

CDC 0.1401 Page 4 of 4