DAO 202-410 Attachment 1

U.S. Department of Commerce Continued Service Agreement

Employee's Full Name Operating Unit Office	
Agreement to Continue in Service	
that costs more than \$, non-Gover and Government or non-Government training of days that is part of an established or requisite cupayment of training costs prior to the commence begins the first workday after the training ends.	f a long term nature in excess of 120 calendar arriculum for which the Government approves ement of such training. The period of obligation Nothing contained in this section shall be to waive, in whole or in part, an obligation of an
Department of Commerce (Commerce) a minimperiod (or time period prescribed by the bureau)	except that if I receive no salary for the time will be either one month or a period equal to the greater. The length of part-time training is the actor. The length of full-time training is eight
completing the period of service agreed to in ite	sis for the percentage of completion of the raining is \$900 and I complete two-thirds of the
c. If I voluntarily separate from Commerce or other organization in any branch of the Goveragreed to in item (a) above, I will give my service written notice during which time, in accordance concerning reimbursement or transfer of the remaining made	cing human resource manager 10 days advance with Federal regulations, a determination

- d. If I am separated involuntarily for reasons beyond my control and not because of misconduct or personal delinquency during the training or the post-training obligated service period, I understand that this agreement will be cancelled and the right of Commerce to recover will be waived.
- e. I understand that any amounts which may be due the employing 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.
- f. I acknowledge that this agreement does not in any way commit or require the government to continue my employment.

g. Training period rec	quiring obligated service:
Program Title: From (YYMMDD) Number of duty hours	To (YYMMDD) Non-duty hours
h. Period of obligated From (YYMMDD)	d service: To (YYMMDD)
training, from any other go accept such without first o should I fail to complete the	any contributions, awards, or payments in connection with this overnment agency or non-government organization and shall not obtaining approval from the authorizing training official. I agree that he requested training successfully due to circumstances within my he agency for all training costs (excluding salary) associated with my
j. By signing this Ag as described above.	greement, I acknowledge and understand my obligation to Commerce
Employee signature	Date signed