

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CREDITABLE SERVICE FOR ANNUAL LEAVE ACCRUAL SERVICE AGREEMENT**

Name (Type/Print First, Middle, Last) \_\_\_\_\_

In consideration of service credit I am receiving towards my leave accrual rate and service computation date for which I am entitled to under the policies of the Department of Health and Human Services, I hereby agree:

1. To serve in (OPDIV) \_\_\_\_\_ for a minimum of 1 full year of continuous service.
2. That I am a newly appointed employee or an employee who is being reappointed following a break in service of at least 90 calendar days after my last period of civilian Federal employment.
3. That the amount of service credited to me shall be determined by the HR Director or his/her designee as prescribed by the HHS policy for Credible Service for Annual Leave Accrual. The service credited under this agreement is \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days.
4. That my annual leave accrual rate will be:     4 hours     6 hours     8 hours / bi- weekly.
5. That my service computation date for annual leave accrual purposes will be: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

mm/dd/yyyy

6. That acceptance of this agreement does not alter the conditions or terms of my employment.
7. That this credit of service is based solely on the position to which I am assigned and is not associated with my performance and/or conduct. Accordingly, this agreement will not preclude nor limit the Department of Health and Human Services from effecting personnel actions as may be appropriate.
8. That in the event I separate from Federal service or transfer to another agency or HHS OPDIV prior to completing 1 full year of continuous service, my service computation date will be re-calculated subtracting the credit that I received under this agreement.
9. That HHS policy is incorporated into and made a part of this agreement and I have read this policy.

I _____, agree to the terms of this agreement on <b>Name (printed)</b> _____/_____/_____. mm/dd/yyyy  _____ Employee Signature
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**REVIEWS AND APPROVALS**

OPDIV/Center Recommending Official's Signature	Title	Date
OPDIV/Center Approving Official's Signature	Title	Date
HR Director's Signature	Title	Date
I certify that the information entered on this form is accurate and that the proposed service credit is in compliance with statutory and regulatory requirements.	HR Specialist's Signature and Title	Date

*HHS/OS/ASAM/OHR*