

HQMC Academic Degree Program (ADP) Continued Service Agreement

Full Name: _____

PART ONE: To be completed by applicant before acceptance into the ADP:

1. I AGREE that, upon completion of the Government sponsored academic degree training described in this authorization, I will serve in the Department of Defense (DoD) three (3) times the length of the training period paid for by the Government. The length of training is the number of class hours, using the educational standard (1 credit hour = 15 class hours). The obligated period of service will begin upon completion of the degree, license, or certification program, or upon my withdrawal from the ADP if I chose not to complete the program requirements. I understand that if I transfer to another DoD organization, this agreement will remain in effect until I have completed my obligated service.
2. If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item 1 above, I AGREE to reimburse the DoD for fees, such as the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. The amount to be reimbursed will be reduced on a pro rata basis for the percentage of completion of the obligated service.
3. I FURTHER AGREE that if I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my CCLD Administrator written notice of at least ten working days during which time a determination will be made concerning reimbursement or transfer of the remaining service obligation to the gaining agency. If I fail to give this advance notice, I AGREE to reimburse the DoD under the same terms as item 2 above.
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 understand that this agreement does not in any way commit the Government to continue my employment.
6. I understand that my CCLD Administrator will determine the dates of my obligated service when I complete or withdraw from my approved ADP course of study, complete the worksheet on page 2 of this agreement, and fill in the period of obligated service on the SF-182 Continued Service Agreement form. I will sign that form and it will become part of my official personnel record.

Participant's Signature

Date

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WORKSHEET: To be completed by the CCLD Administrator upon completion of (or withdrawal from) the degree, license or certification program

The Government paid for _____ credit hours equating to _____ training hours (1 credit hour = 15 class hours) at a total cost of \$_____ under the HQMC ADP program. The last course ended on _____.

The period of obligated service, per the terms described in this agreement, is calculated as follows.

_____ Training hours x 3 = _____ hours, divided by 40 hours = _____ weeks.

Start and end dates of obligated service in the Department of Defense:

_____ to _____.

INSTRUCTIONS FOR CCLD ADMINISTRATOR: Review the above calculations with the participant. Print page 4-5 of the SF-182 form, write in the above dates of obligated service, get the participant's signature and date, provide a copy to the participant, scan and send to the appropriate HR office for filing in the employee's official personnel file, and file the original in the participant folder.