



# ROTATIONAL ASSIGNMENT PROGRAM – PILOT AGREEMENT

Name of Employee \_\_\_\_\_

Pay Plan, Series, Grade/Step \_\_\_\_\_

Host Organization \_\_\_\_\_

Host Supervisor \_\_\_\_\_

Home Organization \_\_\_\_\_

Home Supervisor \_\_\_\_\_

Specific Host Organization Location: \_\_\_\_\_

TITLE, SERIES & GRADE OF THE ROTATIONAL ASSIGNMENT \_\_\_\_\_

-OR-

IS THIS ROTATION ASSIGNMENT (Detail) to UNCLASSIFIED DUTIES: YES \_\_\_ NO \_\_\_

If YES, Attach a "STATEMENT OF DUTIES" which should include the: Purpose, Scope of Work and Specific Duties and Responsibilities as described in 3.1 of the Rotational Assignment Policy Pilot

LENGTH OF ASSIGNMENT: 30 DAYS \_\_\_ 45 DAYS \_\_\_ 60 DAYS \_\_\_ 75 DAYS \_\_\_ 90 \_\_\_ OTHER: \_\_\_

Effective Date: \_\_\_\_\_ Not to Exceed Date: \_\_\_\_\_ **NOTE: If more than 30 days an HHRTS Action must be submitted AND Performance Standards issued.**

NAME OF HOST COACH: \_\_\_\_\_

WORK SCHEDULE: \_\_\_\_\_ (if changed from Home Office the appropriate change of duty hours form must be completed).

Is the Employee currently under a Telework Agreement: YES \_\_\_ NO \_\_\_

If yes, the employee may not telework more than 1 day per week – WITH the HOST supervisor's approval. This may be documented by the Host Supervisor in a statement attached to the original Telework Agreement and provided to the Home Organization's Program Telework Advisor.

If no, the Employee may not telework UNLESS a Telework Agreement is submitted and APPROVED by the Home Supervisor.

## HOST OFFICE CONCURRENCE

Name of Concurring Official: \_\_\_\_\_ Title: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

## Employee Acknowledgment and Agreement of the Information on this Form

I agree to participate in this program with the understanding that this is not a permanent position and that I will be returned to my position of record upon completion of this assignment or upon the termination of this assignment of the host or home organization. Additionally I understand that participation in this program conveys no entitlement to any other position, a promotion or impact of my qualifications for other positions.

EMPLOYEE SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

## CHIEF LEARNING OFFICER OR DESIGNEE APPROVAL

I certify that this employee has been found eligible to participate in this program and that the target position is not of a higher grade or in a different interval series.

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_