

USDA, APHIS CENTER FOR DISEASE CONTROL PROGRAM MOBILITY AGREEMENT

In connection with my selection for participation in the Center for Disease Control (CDC) Program, I hereby certify as follows:

1. I am fully aware that one of the requirements to be met for participants in this program is a willingness to accept a 2-year assignment at the CDC in Atlanta, Georgia, or at one of CDC's affiliated training stations, and that this constitutes my written declaration to do this.
2. I realize an assignment to the CDC is for 2 years and if I do not successfully complete the program that I will be reassigned to a location where my services can be utilized most effectively and I will retain the grade level held at the time of my selection for the program.
3. Upon successful completion of the CDC program assignment, I understand that I will be assigned to a position at a location to be determined by the selecting official.
4. If I am selected for this program, I will sign the long-term agreement on the back of page 1 of the SF-182.
5. As a selectee for the training program, I understand that allowances for relocation reimbursement are limited and governed by 5 U.S.C. 4109.

Signature

Date