

STATEMENT OF UNDERSTANDING
STUDENT TEMPORARY EMPLOYMENT PROGRAM

I understand and agree to the following terms and conditions as they apply to my appointment:

1. I understand that this is a temporary appointment, not to exceed _____ or upon completion of requirements for a degree/diploma/certificate (as appropriate), whichever comes first. It may be renewed as long as I continue to meet the criteria listed below and management chooses to renew my appointment.
2. I must be enrolled in an accredited institution at least half-time in an academic program leading to a diploma, certificate, or degree. Half-time student status will be determined by the academic institution.
3. I must be in good standing at the school I am currently attending. Good standing is defined by the school; or at least a 2.0 cumulative GPA if no minimum academic standard exists.
4. My anticipated graduation date is: _____ (month/year).
5. I agree to provide a copy of an up-to-date (unofficial) transcript to the USGS, Personnel Office, Attn: _____, MS: _____, at the end of each academic year unless requested more frequently by the supervisor or Human Resources Office. Official transcripts are required upon initial appointment, if converted to a SCEP appointment, or upon the request of the supervisor.
6. I am responsible for submitting a written request to my Administrative Officer, _____, MS: _____, EACH AND EVERY TIME I request a change in tour of duty, a change in the number of hours worked per week, or a change in work schedule that is expected to last for two full pay periods or longer. Examples include: Changing hours worked per week from 20 hours per week to 16 hours per week or a change in work schedule from part-time to full-time.
7. I understand that I may work part-time or full-time dependent on management's need and budget, in conjunction with my school schedule.
8. I will receive annual and sick leave if my initial appointment is for 90 days or more. The amount of annual and sick leave earned will be prorated when working a part-time schedule. I am eligible for holiday pay if the holiday falls on a day I would normally work, as documented by my written tour of duty.
9. I am eligible for health benefits after 1 year, but I must pay the full premium.
10. I am responsible for meeting the performance standards for my position as established by my supervisor. I also understand that I am responsible for meeting the standards for attendance and conduct that are established for the office to which I am assigned.
11. I understand that should I fail to meet any of the above conditions, my employment may be terminated immediately. My employment with the U.S. Geological Survey may also be terminated at any time for reasons such as a lack of work or a lack of funds.
12. I understand that a copy of this Statement of Understanding will be given to my supervisor and maintained in my Official Personnel Folder.

Employee Signature

Date

Personnel Representative

Date