INDIAN HEALTH SERVICE CREDITABLE SERVICE FOR ANNUAL LEAVE ACCRUAL SERVICE AGREEMENT

NAME:	
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 <i>Department of Health and Human Services (HHS)</i> , I hereby agree to the terms of this agreement:	
1) To serve at the <i>Indian Health Service</i> for a minimum of one 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 Creditable Service for Annual Leave Accrual. The service credited under this agreement is years, and months.	
4) That my annual bi-weekly leave accrual rate will be:4 hours,6 hours,8 hours	
5) That based on the above service credit, my service computation date (SCD) for annual leave accrual purposes will be:	
6) That acceptance of this agreement does not alter the conditions or terms of my employment.	
That this credit of service is based solely of the position to which I am assigned and is not associated with a rformance and/or conduct. Accordingly, this agreement will not preclude nor limit <i>Indian Health Service</i> are effecting personnel actions that may be appropriate.	
8) That in the event I separate from Federal service, transfer to another agency, or OPDIV/STAFFDIV prior to completing 1-full year of continuous service with <i>Indian Health Service</i> , 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.	
10) That the effective date of this agreement and service credit pursuant to this agreement will be my Entry-On-Duty (EOD) date of: (Day/Month/Year)	
I, (print name), agree to the terms of this agreement. Electronic Signature, here:	
REVIEWS/APPROVALS	
Recommending Official's Electronic Signature, here:	
Approving Official's Electronic Signature, here:	
OHR Director's Signature, here:	
HR Specialist Signature, here:	

JUSTIFICATION FOR CREDITING PRIOR EXPERIENCE TOWARDS AN EMPLOYEE'S ANNUAL LEAVE ACCRUAL RATE

The Office of Personnel Management (OPM) issued interim regulations on April 28, 2005, to implement Section 202(a) of the Federal Workforce Flexibility Act of 2004. Section 202(a) amends 5 U.S.C. 6303 to provide OPM with the authority to prescribe regulations under which a newly appointed or re-appointed employee who is covered by the Federal annual and sick leave program, may be given service credit for prior experience that otherwise would not be creditable for the purpose of determining the employee's annual leave accrual rate.

or re	It has added regulations at 5 CFR 630.205(a) to allow the head of the agency or designee the authority to grant a newly appointed appointed employee with service credit for annual leave accrual rate purposes based on prior non-Federal work experience or a od of active duty in a uniformed service.
Emp	loyee Name: Position/Pay Plan/Series/Grade:
	r to granting such credit, the HR Director must determine that this employee meets both of the following conditions through ewing justifications from the requesting organization:
	The skills and experience that this employee possesses are essential to the new position and were acquired through performance in a non-Federal position having duties that directly related to the position to which he/she is being appointed. Justification:
	The use of this authority is necessary to achieve an important agency mission or performance goal. Justification:
	E: The vacancy announcement, position description(s), and employee's application package must be attached to this justification e service credit is based on a period of active duty in a uniformed service, you must also attach the employee's DD-214.
REV	VIEWS AND APPROVALS
	OPDIV/RECOMMENDING OFFICIAL's Electronic Signature
	OPDIV/APPROVING OFFICIAL's Electronic Signature
	OHR Director's Electronic Signature