Attachment 2

MEMORANDUM OF UNDERSTANDING
Geographic Mobility Agreement

1. I _____, have been selected for the following position:

   a. Title:

   b. Pay, Plan, Series, Grade:

   c. Division/Program:

2. I understand and agree that appointment/assignment to this position constitutes acknowledgment and acceptance of geographic mobility as a condition of employment and, as such, I will be subject to directed reassignment as required to address workload needs.

3. I understand that failure to acknowledge/accept the above condition of employment will be grounds for withdrawal of the appointment/assignment offer.

4. I understand that failure or refusal to sign this agreement does not excuse me from the above condition of employment.

5. I further understand that if I separate or resign as a result of declining a mandatory or directed reassignment outside of the local commuting area, I will not be entitled to severance pay benefits or eligible for a discontinued service retirement.

6. I understand that I will remain subject to geographic mobility as a condition of my employment if I am assigned to another covered position within AMS.

7. The original of this signed acknowledgment will be filed in my Official Personnel File (OPF), and a copy provided to me. Accordingly, I accept this offer/condition of employment under AMS.

_____ _____
(*Employee's signature*) (*Date*)

_____ _____
(*Supervisor*) (*Date)*