



NAVAL POSTGRADUATE SCHOOL CONTINUED SERVICE AGREEMENT (CSA) FOR CIVILIAN EMPLOYEES

EMPLOYEE INFORMATION

1. **Name (Last, First, M.I.):** _____
2. **NPS Department/Organization Code:** _____
- 3a. **Academic Year (AY):** _____ 3b. **Academic Quarter (AQ):** _____
4. **Number of courses enrolled:** _____
5. **Total number of courses passed prior to this academic quarter:** _____

STATEMENT OF UNDERSTANDING

1. I agree that upon completion of sponsored education through NPS, I will work for the Department of the Navy in accordance with the contents of this signed Continued Service Agreement. I understand that if I voluntarily enter a period of non-pay status during the period of service obligation (i.e., LWOP to accompany a spouse moving to a new duty location), the period of obligated service may be extended by length of time in a non-pay status.
2. For every course attended, I owe 240 hours of continued employment to the Department of the Navy, which starts at the end of the course. (For example, if I take two courses during the same quarter, I will owe 480 hours of continued service, which would start being worked off at the end of that quarter).
3. The Continued Service Agreement shall be filled out in conjunction with the NPS Staff/Employee Registration Request Form.
4. If I voluntarily terminate my employment with the Department of the Navy before completing the period of service shown in 2 above, I AGREE to reimburse the Department of the Navy for the residual value of the tuition of my education at the rate paid for the Department of the Navy civilians.
5. I FURTHER AGREE that if I voluntarily leave the Department of the Navy to enter the service of another federal agency or other organization in any branch of the government before completing the period of service agreed to in 2 above, I will give my servicing Human Resources Office written notice of at least 10 workdays, during which time a determination concerning reimbursement or transfer of obligation will be made. If I fail to give this advance notice, I AGREE to reimburse the Department of the Navy for the residual value of the tuition of my education at the rate paid for the Department of the Navy civilians.
6. I understand that any amounts which may be due to the Department of the Navy as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the government, or may be recovered by such other methods as are approved by law.

STATEMENT OF UNDERSTANDING (CONT'D)

7. I FURTHER AGREE to notify my supervisor and update my Continued Service Agreement with any changes in my approved education program involving course and schedule changes and withdrawals or incompletions.

8. I acknowledge that this agreement does not in any way commit the government to continue my employment. I understand that if there is a transfer of my service obligation to another federal agency or other organization in any branch of the government, the agreements herein will remain in effect until I have completed my obligated service with that other agency or organization.

Signature of Employee:

Date (mm/dd/yyyy):

Signature of Supervisor:

Date (mm/dd/yyyy):

Signature of HR Training Officer:

Date(mm/dd/yyyy):