

CONDITIONS OF TEMPORARY EMPLOYMENT

I, _____ understand the following conditions of my temporary appointment to the position of _____.

1. This appointment is not to exceed _____, and can be terminated at any time prior to this date. If the appointment is extended beyond one (1) year it can also be terminated at any time.
2. I am not eligible for coverage under the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS), but will be covered under the Social Security System (FICA).
3. I am not eligible for coverage under the Federal Employees Group Life Insurance (FEGLI) program.
4. I am not eligible for coverage under the Federal Employees Health Benefit (FEHB) program until I have completed at least one (1) year of current, continuous service, at which time I may elect health benefits for which I will be charged the full premium.
5. I will earn sick leave.
6. If my appointment is for more than 90 days, I will earn annual leave.
7. My entrance into this position will be at Step _____ of the grade to which I am appointed. If I am appointed as a General Schedule (GS) employee, I will not be eligible for a step increase while on this temporary appointment. If I am appointed to a Federal Wage System (FWS) position, I am eligible to receive step increases.
8. I am not eligible for promotion, reassignment, or transfer to other positions.
9. As a temporary employee, I do not acquire competitive status or eligibility to be converted to a career-conditional appointment, nor is the time served under a temporary appointment creditable toward career tenure.
10. I understand that my temporary appointment carries no implied or specific commitment that I will be considered for or placed on a permanent appointment.
11. I understand that if my temporary appointment is extended, these same conditions will apply.

Signature

Date