



Continuity Of Employment Program Acknowledgment

NAVY EXCHANGE NAVY LODGE NGIS SHIPS STORE UPMO TPO NCTRF

Gaining HR Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Acknowledgements:

HR representative has included a copy of the associate’s resume (or PeopleSoft internal resume) along with the associate’s completed Continuity of Employment Program (CEP) application, acknowledgment sheet and a copy of the Sponsor’s Permanent Change of Station (PCS) orders. These documents will be forwarded to the NEXCOM CEP Coordinator.

The associate has full understanding of specific policies regarding continuity placement, pay, service, benefits and requirement to apply for higher graded or employment category positions only. Associates who decline a position at the same category and grade are removed from the CEP.

The associate understands priority placement rights do not guarantee placement at the same rate of pay as previous assignment. Associates who accept a position at a lower category and/or grade maintain priority placement to a lateral position for the remainder of the 12 month continuity period.

Associates qualifying for the CEP have automatic leave of absence approval for a one year period. One year Leave Without Pay (LWOP) period begins on the date the associate is placed on LWOP.

The associate understands to maintain benefit plan coverages during the LWOP period a direct payment must be made to NEXCOM HB (Benefits Group) by the first of each month. For benefit premium payment information please contact the Benefit Accounting Technicians at (757) 502-7533 or toll free at 1-888-639-2363 extension 7533.

The associate understands there is shared responsibility for follow up with the gaining activity regarding job availability. The associate has the point of contact (name and phone number) for the HR representative at the new location.

The associate has been advised to notify the gaining activity Human Resources office or NEXCOM CEP Coordinator of their arrival to the new duty station and availability to work.

Associate Signature:

Date:

Associate Name:

HR Representative Signature:

Date:

HR Representative Name: