UPWARD MOBILITY
STATEMENT OF UNDERSTANDING

NAME	SERIES/GRADE
TARGET POSITION	ANNOUNCEMENT NUMBER

I agree to participate in the Upward Mobility Program for _____ months under a formal training and development plan specifically designed to provide me with the opportunity to learn the duties of my target position. I understand that the length of my training plan is based upon the difference of the qualifications that I possess and the qualifications required by the X118/188C to perform the duties of the target position. I understand my training plan may be extended beyond the time indicated above, if necessary, to allow me to meet the requirements of the target position, or if excessive leave time occurs during my training period. However, the extension may not allow the total training period to exceed twenty-four months.

I understand that I will be temporarily reassigned to a trainee position; and upon successful completion of the training period, I will be reassigned or promoted, as the case may be, to the target position. I fully understand that promotion to positions at grades above the target position are not provided for under this plan. I further understand I will be unable to compete for other positions in the same series as my target position, until I have satisfactorily completed my training period.

If I do not satisfactorily complete the requirements of the program, I understand that I will be either reassigned to my former position or to a similar position within the Command at the same grade level. If such a position is no longer available however, adverse action proceedings would have to be initiated or other adjustments made. I further understand that if this program was entered into through a change to lower grade, repromotion to my former grade level will be subject to competitive merit promotion procedures. I further understand that any time spent in training cannot be used in securing a position in the series of the target position if I do not satisfactorily complete the training plan. The period spent in training will become lost training time.

I have had the opportunity to discuss the procedures and provisions of the program to my satisfaction.

SIGNATURE *(EMPLOYEE)*	DATE
SIGNATURE *(SUPERVISOR)*	DATE
SIGNATURE *(DESIGNATED PERSONNEL OFFICIAL)*	DATE

RESET

EMAIL TO: