U.S. Small Business Administration
Office of Disaster Assistance

EMPLOYMENT AGREEMENT

I understand that I have been employed by the U.S. Small Business Administration, Office of Disaster Assistance, to fulfill its disaster relief responsibilities. My appointment type is:

(To be checked by ODP)	**Appointment Type and Description**	**Employee's initials (*one line only*)**
❒	***CADRE***: On-call employment with no time limit. Subject to the needs of the Agency and level of disaster activity. May be released to non-pay status, if necessary. →	_____
❒	***TERM:*** Initial appointment is made for more than one year. Subsequent extensions may be made for more or less time, depending on the projected needs of the Agency. May be released to non-pay status, if necessary. May be extended for up to 4 years, depending on the workload. →	_____
❒	***TEMPORARY:*** Initial appointments are normally made for 30 or 90 days and extensions are based on several factors, including workload, performance, conduct, and attendance. Employment may be terminated at any time, for any business reason, and without regard to the appointment not-to-exceed date. In cases of separation due to expiration of appointment or termination due to lack of work, the Agency will attempt to give at least 48 hour's notice. →	_____

I understand that I may be required to work up to 14 hours per day, 7 days per week, and that my work schedule, departmental assignment, and geographic location may be changed according to the needs of the disaster program. I will report within 48 hours of notification to wherever assigned and make myself available to be contacted at all times for such notifications. I will be available for work on a daily basis, including week-ends and holidays, and will contact my supervisor in accordance with existing policies if I am unable to report on time.

I further understand that an FBI fingerprint and name check will be conducted, as well as a National Agency Check and Inquiry. If either of these background checks raises a question concerning my suitability for Federal employment, I understand that additional information may be solicited from me or other parties or that I may be terminated solely on the basis of the information provided by the investigative agencies.

_____ _____

Employee's signature and date signed *Printed Name of Employee*