STATEMENT OF UNDERSTANDING: INITIAL DCIPS APPOINTMENT

1. I understand this position is covered by the Defense Civilian Intelligence Personnel System (DCIPS), and excepted service personnel system for civilian intelligence employees of the Department of Defense. I further understand:

2. My appointment to this position does not confer competitive status.

3. I will be taken out of the competitive service (if transferring from a competitive appointment).

4. Per CIPOINST 12300.1A (5)g all DCIPS employees are required to serve a two year trial period unless completed under another appointment. Please contact your servicing personnel specialist to determine your coverage.

5. I am entitled to the same retirement, health and life insurance, leave, and injury compensation and any other benefits authorized for Federal employees based upon your current type of appointment. Contact the benefits counselor for additional information.

_____
Signature

_____
Date

_____
Social Security Number