VETERANS HEALTH ADMINISTRATION
Technical Career Field (TCF)
Assistant Human Resources Officer

MOBILITY AGREEMENT

To be signed by all Assistant Human Resources Officer Interns

- I understand the purpose of the Veterans Health Administration (VHA) Technical Career Field (TCF) Program is to develop qualified employees to meet VHA’s needs in the fields requiring VHA-specific knowledge and skills.
- I understand the Technical Career Field (TCF) Program is an integral part of a management development system designed to replenish, through the progressive development of career employees, the pool of qualified personnel for key administrative and management positions in the Veterans Health Administration.
- I understand that I cannot relocate from my initial assignment until I have completed at least 15 months of the program.
- I understand that, while my preferences will be considered to the extent possible, my initial assignment upon successful completion of the program will be made based on the needs of VHA and I may be required to accept assignment at any VHA facility where my services are needed.
- I understand that my first assignment may not be at the facility where training began or where I complete the program.
- I understand that, if necessary, relocation expenses will be paid from the Healthcare Talent Management (HTM) office to move to the location where I will receive my training.
- I understand that the receiving facility or VISN will be responsible for paying relocation expenses to my final placement site (if such a move is required).
- I understand that the Guaranteed Home Buyout program will be offered according to criteria determined by VHA at the time of my move.

I acknowledge that by accepting this internship, I hereby agree to abide by the terms of this Mobility Agreement.

Printed Intern Name: ____________________________________________
Signature of Intern: ____________________________________________
Date of Signature: _____________________________________________

WITNESS

Printed Witness Name: __________________________________________
Signature of Witness: ____________________________________________
Date of Signature: _____________________________________________

Original Document: Preceptor
Copies: Intern and National Program Manager

Updated February 25, 2010