DEPARTMENT OF THE NAVY
FLEET AND FAMILY READINESS SERVICE CENTER
5720 INTEGRITY DRIVE
MILLINGTON, TN 38055-6500

Flexible Employee Acknowledgment Sheet

1. I fully understand that I am accepting a Non-appropriated Funds (NAF) Flexible Position. I also understand that in this position:
   a. I may be terminated at any time due to lack of work. This termination will not place any adverse information in my Official Personnel Folder (OPF).
   b. My work schedule will be based upon the needs of the organization. There are no guarantees as to the number of hours that I will be scheduled to work and the number of hours scheduled may vary from week to week.
   c. I am not eligible to earn or use annual or sick leave. I am not eligible for, nor can I enroll in, CNIC benefits including Retirement, 401(k), Disability, Life, Long Term Care and Dental.
   d. I understand that I may be eligible for Health Care Coverage if I average 30 or more hours a week in a twelve month period. I will be notified by mail if I become eligible and will have 31 days from receipt of letter to enroll.
   e. I do not have grievance or appeal rights with regards to severe disciplinary or termination actions.
2. I understand that if I am interested in a regular full or part time position I will need to complete and submit an application for the position I am interested in.
3. By signing this I acknowledge that I understand what a flexible position entails and it was explained to me by the NAF Human Resource (HR) Representative. Any questions or request for additional information will be answered by my local servicing HR Representative.

_____	_____	_____
Signature of Employee	Printed/Typed Name	Date

_____	_____	_____
HR Representative Signature	Printed/Typed Name of Rep	Date