**Service Agreement for Use of EM Cadre Resources**

**Site Needing EM Cadre Resource: _____**

**Name of EM Cadre Staff: _____**

**Period of Time that EM Cadre Resource is required: _____**

**Is Permanent Change of Station (PCS) Required: _____ Yes _____No**

**Organization Responsible for PCS: _____**

**Description of Duties for this Assignment:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**On-Site Supervisor During this Assignment: _____**

**Field Office/Project Director: _____**

**EMCBC Supervisor: _____**

**EMCBC Director: _____**