



**USAID**  
FROM THE AMERICAN PEOPLE

## OVERSEAS RETURN CERTIFICATE

EMPLOYEE'S NAME (*Last, First, Middle Initial*)

### I. HOME LEAVE REPAYMENT

I understand that home leave benefits, by law, are accorded only to employees who are to return to service abroad either (1) upon completion of home leave; or (2) upon completion of an assignment in the United States. I understand and agree, therefore, to the following:

A. If I do not return to service abroad after this leave in the United States and I separate from the USAID foreign service for personal reasons not acceptable to the Agency, I must repay to USAID the salary I received during the home leave period and excess costs, if any, incurred for travel to home leave residence in lieu of separation residence. Funds covering payment of annual leave to my credit will be applied to this repayment. If the amount to be repaid exceeds any funds for the annual leave credit, any other monies due me from the Government may be applied to such repayment. If the funds for annual leave to my credit combined with all other monies due me from the Government are inadequate to cover the repayment, I will be required to pay the balance due.

B. If the Agency determines while I am on home leave that I am not to be retained in the foreign service, my home leave will cease on the date on which I received written notification that I am not to be continued in the foreign service. In that event, I request that I be placed on annual leave or on leave without pay, as appropriate under the Agency's leave regulations, pending separation in accordance with ADS 480.

### II. NECESSARY CLEARANCE FOR REASSIGNMENT

#### A. Examinations

##### 1. At Post

Where possible, medical examinations of employees and their dependents are completed 60 to 90 days before leaving post for home leave.

##### 2. In the United States

When examinations cannot be completed at post or when additional medical procedures are found to be necessary, it is my responsibility to obtain the necessary examinations for myself and my dependents as soon as possible after return to the United States. If this is not done, and if medical clearances for overseas assignment for myself or my dependents who will accompany me to post are thereby delayed beyond the scheduled departure date, such delay must be changed to leave (including LWOP if necessary). In that event, I request that I be placed on annual leave and then on leave without pay, if necessary, until USAID determines that I may return to post or takes other official action concerning my status.

**B. Medical Clearance Requirement and Administrative Alternatives**

**1. Clearance**

I understand that medical clearance, both for myself and my accompanying dependents, is primary requisite to return to overseas service. I understand also that no clearance can be presumed, but that it must be communicated to me either by the Medical Division of the Department of State or by the Agency.

**2. Waiver of Clearance Requirement (Employee or Dependent)**

I understand that if clearance is not granted by the Medical Division, the Agency may, in its discretion, waive the requirement of medical clearance if Agency need for my services at the proposed post clearly justifies and if risk to the affected person is not considered unduly hazardous. If waiver is granted, the medical benefits of the Foreign Service Act continue.

**3. Personal Assumption of Medical Financial Risk for Dependents**

I further understand that if a dependent is not medically cleared, and if waiver of clearance requirement is not approved, the Agency may accept my signed statement (a) assuming full responsibility for all medical expenses of such dependent, (b) acknowledging that no medical travel or care will be provided or reimbursement made under the medical provisions of the Foreign Service Act, and (c) requesting that the affected dependent be permitted to travel to my overseas post at Government expense.

**4. Return Travel to Post**

I understand that return travel overseas, regardless of any authorization therefore issued at post, must not be performed until I receive notice of medical clearance or Agency waiver for myself and each accompanying dependent under B.1 or 2 above; or unless I have been permitted, in lieu of the foregoing, to personally assume all medical financial risks for a dependent under B.3 above.

I understand that the return portion of any tickets or other travel documents are the property of the United States Government and I must surrender these to USAID/W if return travel is not authorized under section B. above.

Signature

Date

**Copies:**

1. Original submitted to HCTM/FSC with a copy of the departure notice cable for official personnel folder.
2. To employee
3. Post personnel file