

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES/INDIAN HEALTH SERVICE
RECRUITMENT, RELOCATION, AND INITIAL RETENTION INCENTIVES**

AUTHORIZATION FORM

EMPLOYEE INFORMATION

Name: _____

Position Title: _____

Pay Plan, Occupation Series, Grade/Step: _____

Organizational Unit: _____

Duty Station: _____

Work Schedule: Full-time

Part-time - number of hours per pay period: _____

Rate of Basic Pay (before incentive) – Base pay: _____

Locality: _____

Other: _____

INCENTIVE INFORMATION

Type of Incentive:

Recruitment Relocation Retention

This is for a(n):

Individual Group

Total Amount of Incentive: _____

Percentage of Basic Pay: _____

Is the employee required to complete a probationary/training period before payment of the incentive begins? The organization is not obligated to pay an incentive when the employee fails to successfully complete the probationary/training period before the service period commences. Yes, date probationary or training period ends: _____ No

Required Service Period: _____ (Min. 6 months, max. 4 years)

Biweekly Retention Incentive End Date: _____

Service Period Commences: _____

Note: Retention incentives can be terminated at any time when conditions change such that the original determination to pay is no longer justified, including a change in position.

Service Period Terminates: _____

Method of Payment: Lump sum Installment by service period (describe below) Combination (describe below)
 Installment by pay period (retention only)

Describe: _____

SIGNATURES

Recommending Official

Name/Title

Signature

Date

Funds Approving Official

Name/Title

Signature

Date

Authorized Agency Official Approving Official

Name/Title

Signature

Date

Human Resources Officer

Name/Title

Signature

Date

Employee Acknowledgement of Terms

Name/Title

Signature

Date

