INDIAN HEALTH SERVICE CASE CHECKLIST RECRUITMENT, RELOCATION, OR RETENTION INCENTIVE REQUEST

Candidate's/Employee's Name:
Proposed Effective Date:
HR contact for case:
Justification Memorandum (one page generally):
supervisor if they are SES or equivalent. If Area Director is immediate supervisor than approval is at Headquarters.
☐ IHS 3Rs Service Agreement (n/a for retention paid biweekly): ☐ Describe the conditions under which an employee must repay ☐ All signatures obtained before effective date.
☐ IHS 3Rs Retention Form for continuation, reduction, termination ☐ Accurately and fully completed – all information supplied. ☐ All signatures obtained before effective date.
☐ Candidate's/Employee's resume and for relocation and retention incentives a copy of their last performance appraisal.
Position Description, including signed OF-8 coversheet.
Additional supporting documentation, e.g., salary surveys.
Personally Identifiable Information (PII) is redacted on all paperwork.
Copy of this checklist completed.