

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

(Not for use with continuing, reducing, increasing or terminating current retention incentives.)

AUTHORIZATION, SERVICE AGREEMENT*, AND JUSTIFICATION

*Service agreement not necessary for incentives ≤ 25% paid in biweekly installments

EMPLOYEE INFORMATION

Name:

Position Title:

Pay Plan, Occupation Series, Grade/Step:

Area, Facility/Office:

Duty Station:

Work Schedule: ☐ Full-time

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

Rate of Basic Pay (includes locality):

INCENTIVE INFORMATION

Amount of Incentive:

Percentage of Basic Pay:

Total Compensation:

☐ The total compensation is below the Title 5 (Executive Schedule/EX I) or Title 38 calendar year aggregate cap for this occupation.

Method of Payment: Installment by pay period Lump-sum at end of service period In equal or variable installment payments throughout the service period (exceptional cases only; describe below).

Describe:

Incentive Start Date:

Not To Exceed Date:

SERVICE AGREEMENT CONDITIONS (only for >25% or not paid biweekly)

Periods of time on detail or in an approved leave status are creditable towards completion of the service period.

Basis for Mandatory Termination of Service Agreement:

- Employee demoted or separated for cause
- Employee's rating of record less than Fully Successful Achieved Expected Results or equivalent
- Employee failed to fulfill the service agreement (other than above)
- Relocation incentive: Employee did not maintain residency in the new geographic area for the duration of the service period
- Optional Termination - Management needs of the organization (e.g., reduction in force or insufficient funds)
- Other (describe)

Conditions under which the employee must repay the incentive:

- If the employee voluntarily, or because of misconduct or performance, fails to complete the service period for which the incentive is being received, the employee will refund a pro-rated amount of the incentive already received. The employee is entitled only to payments that have already been received up to the amount attributable to completed service.
- Employee must repay all payments attributable to a retention incentive when the service agreement is terminated due to an employee's separation resulting from materially false or inaccurate statements, deception, or fraud in examination or appointment, or because of failing to meet employment qualifications.

Conditions under which the organization will remit an additional incentive payment, if necessary, for partially completed service if the service agreement is terminated:

- If the service agreement is terminated based on management needs prior to the service period completion date, the employee is entitled to all incentive payments already received and any additional payments, if necessary, in the amount attributable to completed service.

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Length of Required Service Period (6 months to 1 year):

Service Period Commences (first day of a pay period):

Service Period Terminates (last day of a pay period):

All parties have read this service agreement and understand that the agreement is valid when signed by all parties. The employee understands that under certain circumstances, the employee may be required to reimburse amounts attributable to the incentive. The employee further understands that if the incentive is terminated for any reason, the employee is not entitled to grieve or appeal that decision. The service agreement will follow all provisions contained in HHS Instruction 575-1: Recruitment, Relocation and Retention Incentives.

SIGNATURES

Recommending Official

Name/Title

Signature

Date

Funds Approving Official

Name/Title

Signature

Date

Approving Official (Area Director for ≤ 25% or CMO/DDMO for > 25% for approved occupations)

Name/Title

Signature

Date

HR Branch Chief (for ≤ 25%) or OHR Director (for > 25% for approved occupations)

Name/Title

Signature

Date

Employee

Name/Title

Signature

Date

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Retention Incentive Justification

JUSTIFICATION FOR INCENTIVE

The basis for this request is: (check all that apply)

- ☐ Individual's high or unique qualifications
☐ Special need for the employee's services

1. Provide a brief description (2-3 sentences) of the the unusually high or unique qualifications of the employee **OR** a special need of the agency for the employee's services, and why it is essential to retain the employee **(response required)**:

The following factors must be considered in determining that there is an objective need to retain the employee. Consideration must be given to each of the following factors:

- Qualified candidates available for role
- Nonfederal pay for similar roles
- Recent recruitment efforts
- Hiring trends and labor market factors
- Special skills required
- Efforts to use nonpay authorities
- Desirability of duties/work environment/location
- Other supporting factors

I certify that each of the above factors was considered when determining whether to grant the incentive.

2. Briefly explain (1-2 sentences) the basis for determining that the employee would be likely to leave the Federal Service in the absence of a retention incentive, (e.g., employee is considering retiring or has received an outside job offer) **(response required)**:

Check the below boxes of the criteria used as the basis for determining the amount of the incentive, the timing of the incentive payments, and the length of the service period.

Amount	Timing of incentive payment	Length of service period (>25% or not paid biweekly)
<input type="checkbox"/> Nonfederal pay is higher	To prevent repayment scenarios	Limited to one year by IHS policy
<input type="checkbox"/> Candidate's unique qualifications	To prevent need to remit additional payments	To reassess need after 6 months
<input type="checkbox"/> High-wage area		To ensure staffing stability
<input type="checkbox"/> IHS's need for employee's services	To ensure employee remains in the position for the full service period	To support continuity of care

3. Briefly explain (2-3 sentences) the above criteria and any other factors used to determine the incentive amount, the timing of payments, and the length of the service period **(response required)**:

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HISTORY OF 3R INCENTIVES

This employee has has not previously received any incentives (recruitment, relocation and/or retention) during their IHS tenure. Provide date(s) and type(s) of incentives received:

PERFORMANCE CERTIFICATION

I I certify that this employee's most recent final performance appraisal is at least Achieved Expected Result (Level 3).

ATTACHMENTS & ADDITIONAL INFORMATION

The following documents are attached:

Employee's resume (PII redacted)

OF-8 and Position Description

Salary surveys - include the IHS Salary Summary Document for all covered occupations. For other occupations, include the relevant pages of two surveys from the compensation intranet site. If two salary surveys cannot be found, either the U.S. Bureau of Labor Statistics data or a single salary survey may be used.