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

## **SERVICE AGREEMENT**

EMPLOYEE INFORMATION		
Name:		
Position Title:	Pay Plan, Occupation Series, Grade/Step:	
Organizational Unit:	Duty Station:	
SERVICE AGREEMENT CONDITIONS		
Type of Incentive: ☐ Recruitment ☐ Relocation ☐ Retention (n/a for biweekly)		
Total Amount of Incentive:	Percentage of Rate of Basic Pay:	
Required Service Period:	Service Period Commences:	
(Min. 6 months, max. 4 years)	Service Period Terminates:	
Describe the extent to which time on detail, in a nonpay or paid leave status is creditable toward the service period:		
Basis for Termination of Service Agreement:		
$\ \square$ Employee demoted or separated for cause		
$\ \square$ Employee's rating of record less than Fully Successful or equ	ivalent	
☐ Employee failed to fulfill the service agreement (other than above)		
☐ <i>Relocation incentive</i> : Employee did not maintain residency agreement	n the new geographic area for the duration of t	:he
☐ Retention incentive: Conditions change such that the original determination to pay the incentive is no longer justified		
☐ Management needs of the organization		
☐ Other (describe)		
Describe the conditions under which the employee must repay the incentive. Describe the conditions, if any, under which the organization will remit an additional incentive payment, if necessary, for partially completed service if the service agreement is terminated.		
SIGNATURES		
Employee Acknowledgement of Terms  I have read this service agreement and understand that the agreement is valid only when signed by the Authorized Agency Official. I acknowledge that under certain circumstances I may be required to reimburse amounts attributable to the incentive. I also understand that if the incentive is terminated for any reason, I may not grieve or appeal the decision.		
Name/Title	Signature	Date
Authorized Agency Official Approving Official  I certify that this incentive meets the criteria for approval as pro	wided in HHS Instruction 575 1	
receitify that this incentive meets the criteria for approval as pro	viaca ili IIII3 IIISU action 3/3-1.	
Name/Title	Signature	Date