

# 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):**

- Nature of action proposed (i.e. recruitment, relocation, retention, or retention renewal).
- Basis for request – the individual's high or unique qualifications and/or a special need for the employee's services.
- Statement that the position is difficult to fill, or in the case of a retention incentive, the employee is likely to leave, in the absence of an incentive (5 USC 5754). Provide specific details, as appropriate. For direct hire positions no "difficult to fill" details are necessary as this decision has already been made by OPM.
- Brief description of position and its criticality to the IHS mission.
- Candidate's/employee's information – short summary of the individual's qualifications.
- For retention – history of any incentives received during IHS tenure.
- For relocation – verification that worksite is at least 50 miles from previous worksite.
- How incentive amount was determined, e.g., based on local labor market, or candidate's salary history. Also, how the payment method was determined (5 CFR 575).
- Supervisor's signature and any other internally mandated signatures.

**IHS 3Rs Authorization Form (not needed for Title 38 PDP recipients):**

- Accurately and fully completed. Note: there is no regulatory requirement for a year of service for retention incentives but it is good practice and PMAP rating is available.
- All signatures obtained before effective date.
- Correct recommending and approving officials.
  - ✓ Recommending Official is the supervisor. HR Officer is the Regional Director.
  - ✓ Approving Official - Area Director for 3Rs ≤ 25% salary  
CMO, IHS for 3Rs > 25% for Nurses & CLSs  
DDMO, IHS for 3Rs > 25% for CEOs & engineers.

If Area Director is immediate supervisor than approval is CMO, IHS or DDMO, IHS.

**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. Area Director should sign as auth. official.

**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.**