

RETENTION INCENTIVE

Request Worksheet



Selectee Name: _____ MTF/Center: _____
 Position Title: _____ Directorate/Division: _____
 Pay Plan: _____ Series: _____ Grade: _____ Step: _____ Department/Service/Branch: _____
 Hiring Manager: _____
 Email: _____
 Total Adjusted Salary \$ _____ Telephone: _____
 (includes locality/special rate): _____ RPA # (if applicable): _____

Proposed Retention Incentive Amount
 (up to 25% of total adjusted salary, which includes rate of basic pay and locality/special rate): _____

If any answer below is "No," a retention incentive cannot be approved.

- | | | |
|--|-----|----|
| 1. Is the individual a current Federal employee in the NCR-MD Region? | YES | NO |
| 2. Is the employee's most recent performance rating of record at least "Fully Successful" or equivalent? | YES | NO |
| 3. Is the employee likely to leave Federal service in the absence of an incentive? | YES | NO |
| 4. If the employee has received any previous recruitment or relocation incentives prior to receiving this retention incentive, has the employee completed the service agreement? | YES | NO |
| 5. Was determination based on one or more of the following factors, as applicable in the case at hand | YES | NO |
- Factors Considered (Please select all that apply)
- | | |
|---|---|
| Employee has special qualifications needed to meet mission requirements | Success of recent recruitment efforts involving similar positions |
| Significant differences in the Federal and non-Federal salaries for the skills and competencies required in the position to be filled | Desirability of the duties, work or organization environment, or geographic location of the position |
| Recent turnover in the same or similar positions | Importance/criticality of the position to be filled and the effect on the agency or mission if the position is not filled or there is a delay in filling it |

Attach Required Justification to this Request

Justification must include:

- Explanation of why the position is "difficult to fill"
- Explanation of the above factors considered for the incentive
- This form is for an 'individual' request; "group or category" requests for any percent must follow procedures in AI for higher level approval authority
- Disapprovals by RM. When Nominating Supervisor requests reconsideration, written justification is required to be submitted through RM, to approving official, to be attached to request and forwarded to CHRC

Nominating Supervisor		Resource Management		Second Level Approver (Optional)		Final Level Approver	
Approved	Disapproved	Approved	Disapproved	Approved	Disapproved	Approved	Disapproved
Print: Name:		Print: Name:		Print: Name:		Print: Name:	
Title: Rank:		Title: Rank:		Title: Rank:		Title: Rank:	
Signature:		Signature:		Signature:		Signature:	