

RELOCATION INCENTIVE NOMINATION REQUEST FORM

1. INDIVIDUAL INFORMATION

<i>Name (Last, First, MI) / Rank</i>		<i>Proposed Effective Date</i>
<i>Pay Plan- Occ Series- Grade-Step</i>	<i>Position Description Number</i>	<i>Name of Organization</i>
<i>Army or Air Employee</i>	<i>Date of Last Appraisal</i>	<i>Rating of Appraisal</i>
<i>Position Title</i>		<i>Duty Location (City and State)</i>

2. REQUESTED PERCENTAGE AND SERVICE PERIOD

<i>Requested Percentage</i>	<i>Requested Service Agreement Period (Number of Year(s) and Month(s))</i>
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3. WRITTEN JUSTIFICATION (Completed by Nominating Supervisor)

An agency must consider the following factors, as applicable to the case at hand, in determining whether a position is likely to be difficult to fill in the absence of a relocation incentive. Describe in detail all the following criteria. Information regarding the following areas may be continued in section (h), or on additional pages.

a. The availability and quality of candidates possessing the competencies required for the position, including the success of recent efforts to recruit candidates for the position or similar positions using indicators such as offer acceptance rates, proportion of positions filled, and the length of time required to fill similar positions. (5 CFR § 575.206(b)(1))

b. List the salaries typically paid outside the Federal Government and ANG for similar positions. (5 CFR § 575.206 (b)(2))

c. Document recent turnover in similar positions. (5 CFR § 575.206(b)(3))

d. Identify employment trends and labor-market factors that may affect the agency's ability to recruit candidates for similar positions. (5 CFR § 575.206 (b)(4))

e. Describe the desirability of the duties, work or organizational environment, or geographic location of the position. (5 CFR § 575.206 (b)(7))

f. List special or unique competencies required for the position. (5 CFR § 575.206(b)(5))

g. Describe agency efforts to use non-pay authorities, such as special training and work schedule flexibilities, to resolve difficulties alone or in combination with a relocation incentive. (5 CFR § 575.206 (b)(6))

h. List other supporting factors or continued justification from previous sections. (5 CFR § 575.206 (b)(8))

4. NOMINATING SUPERVISOR CERTIFICATION

I certify that in the absence of a relocation incentive the position would likely to be difficult to fill.
I understand the applicant must sign the Service Agreement upon acceptance of the approved incentive.

<i>Name</i>	<i>Date</i>	<i>Signature</i>
<i>Duty Title</i>	<i>Telephone</i>	

5. COMMANDER/DIRECTOR CONCURRENCE

I _____ with this request.

<i>Name</i>	<i>Date</i>	<i>Signature</i>
<i>Duty Title</i>	<i>Telephone</i>	

6. COMPTROLLER CERTIFICATION OF FUNDING AVAILABILITY

I certify funds are available for this action and will not cause the technician to exceed the aggregate pay limited per 5 CFR § 530.202.

Current Year Aggregate Limitation on Pay \$ _____

Current Annual Rate of Basic Pay \$ _____ Requested Relocation Incentive Percentage Rate _____ %

Projected Annual Rate of Incentive \$ _____

Payment Type (select one): ☐ Initial lump sum payment
☐ Lump sum payment at the end of the service period
☐ Installments throughout the service period (number of installments: _____)

<i>Name</i>	<i>Date</i>	<i>Signature</i>
<i>Duty Title</i>	<i>Telephone</i>	

7. REVIEW AND APPROVAL

I certify the information contained within this form is accurate and that the proposed action is in compliance with the law, regulations, instructions, policies, and agency plans.

HUMAN RESOURCES SPECIALIST

<i>Name</i>	<i>Date</i>	<i>Signature</i>
<i>Duty Title</i>	<i>Telephone</i>	

DIRECTOR, HUMAN RESOURCES OFFICE

<i>Name</i>	<i>Date</i>	<i>Signature</i>
<i>Duty Title</i>	<i>Telephone</i>	

THE ADJUTANT GENERAL

<i>Name</i>	<i>Date</i>	<i>Signature</i>
<i>Duty Title</i>	<i>Telephone</i>	

FOR HRO USE ONLY

(Air Employee) Upon TAG's approval, submit to NGB/A1PF via nyPers and include the following:
- The employee's service agreement. Service agreements are completed after TAG's, or delegate representative's approval.
- The employee's current and "Fully Successful" performance appraisal.
- If necessary, other supporting documentation.

(Amy Employee) Please forward to TCPE for review.