

RETENTION 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. DETERMINATION OF THE AMOUNT OF RETENTION INCENTIVE

Requested Percentage

3. WRITTEN JUSTIFICATION (Completed by Nominating Supervisor)

Describe in detail all of the following criteria. Failure to address all items will result in the request being returned without action. Information regarding the following areas may be continued on an additional page(s).

a. Document the unusually high or unique qualifications of the employee. These typically refer to an employee's competencies (knowledge, skill, ability). Include training, specialized work experience, and formal schools or certifications. (5 CFR § 575.305 (a)(1))

b. Document the special needs of the organization to retain the services that make retention essential.
(5 CFR § 575.305 (a)(1))

c. Determine if there a high risk that the employee would be likely to leave Federal service in the absence of a retention incentive. (5 CFR § 575.305 (b)(1))

d. There are additional considerations for authorizing a retention incentive for an individual employee. An agency must consider the following factors, as applicable to the case at hand, in determining whether the unusually high or unique qualifications of an employee or a special need of the agency for an employee's services make it essential to retain the employee and that the employee would be likely to leave the Federal Service in the absence of a retention incentive:

(1) Employment trends and labor market factors such as the availability and quality of candidates in the labor market possessing the competencies required for the position and who, with minimal training, cost, or disruption of service to the public, could perform the full range of duties and responsibilities of the employee's position at the level performed by the employee. (5 CFR § 575.306 (b)(1-2))

(2) The success of recent efforts to recruit candidates and retain employees with competencies similar to those possessed by the employee for positions similar to the position held by the employee. (5 CFR § 575.306 (b)(3))

(3) Identify special or unique competencies required for the position. (5 CFR § 575.306 (b)(4))

*(4) Describe agency efforts to use non-pay authorities to help retain the employee instead of or in addition to a retention incentive, such as special training and work scheduling flexibilities or improving working conditions.
(5 CFR § 575.306 (b) (5))*

*(5) Describe the desirability of the duties, work or organizational environment, or geographic location of the position.
(5 CFR § 575.306 (b)(6))*

(6) Describe the extent to which the employee's departure would affect the agency's ability to carry out an activity, perform a function, or complete a project that the agency deems essential to its mission. (5CFR § 575.306 (b)(7))

(7) List salaries typically paid outside the Federal Government and ANG. (5 CFR § 575.306 (b)(8))

(8) List other supporting factors or continued justification from previous sections. (5 CFR § 575.306 (b)(9))

4. NOMINATING SUPERVISOR CERTIFICATION

I certify that in the absence of a recruitment 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, if required by state plan for bi-weekly payments.

<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 Retention Incentive Percentage Rate _____ %

Projected Annual Rate of Incentive \$ _____ Biweekly Payment Rate \$ _____

Payment Type (select one): ☐ Lump sum payment at the end of the service period
☐ Biweekly (pay period) payments

<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 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 MyPers and include the following:

- The employee's current and "Fully Successful" performance appraisal.
- If your state's agency plan requires written service agreements for employees receiving retention incentive on bi-weekly installments, then include the employee's written agreement. Service agreements are completed after TAG's, or delegate representative's approval.
- If necessary, other supporting documentation.

(Army Employee) Please forward package to NGB/TCPE