

# RETENTION INCENTIVE ANNUAL RECERTIFICATION 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. RETENTION INCENTIVE INFORMATION

|  |   |                             |   |
|--|---|-----------------------------|---|
| <i>Original Request Effective Date</i> | <i>Type of Incentive (select one)</i><br><input type="checkbox"/> Individual <input type="checkbox"/> Group | <i>Requested Percentage</i> | <i>Requested Service Agreement Period (if applicable)</i> |
|--|---|-----------------------------|---|

## 3. NOMINATING SUPERVISOR CERTIFICATION

I have verified the original determination for the retention incentive still applies and the payment is still warranted.

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

## 4. COMMANDER/DIRECTOR CONCURRENCE

I concur with this request.

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

## 5. 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> |                  |

## 6. 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 necessary, other supporting documentation.

(Army Employee) Please forward package to NGB/TCPE.