

NATIONAL INSTITUTES OF HEALTH

RECRUITMENT AND RELOCATION INCENTIVES
SERVICE AGREEMENT

EMPLOYEE INFORMATION

Name (Last, First, Middle Initial)

Position Title

Pay Plan, Occupation Series, Grade/Step

Organizational Unit

Duty Station

Work Schedule

Full Time

Part Time (Number of regularly scheduled hours per pay period _____)

Rate of Basic Pay (Before incentive)

Base pay \$ _____ Locality \$ _____

Other \$ _____

SERVICE AGREEMENT CONDITIONS

Type of Incentive

Recruitment

Relocation

For relocation incentives, the new geographic area is defined as a worksite that is 50 miles or more from the worksite of the position held immediately before relocating.

Total Amount of Incentive

\$ _____

Percentage of Incentive's Rate of Basic Pay (Exact percentage required)

_____ %

Is OPM approval required for the incentive (i.e., proposed incentive is greater than 25%)?

Yes

No

Required Service Period

_____ 1 _____ year

Method of Payment

Lump sum

Service Period

(See above for note in bold print about probationary or training period)

Commences (mm/dd/yyyy) _____

Terminates (mm/dd/yyyy) _____

[Must be last day of pay period]

Type of Appointment

Permanent

Term _____ Years

Must be minimum of 2 years

Extent to which time on detail or in a nonpay or paid leave status is creditable toward the service period

Full Credit _____

Partial Credit % _____

Not Applicable _____

Basis for Termination of Service Agreement

1. Employee demoted or separated for cause
2. Employee's rating of record less than Fully Successful or equivalent
3. Employee failed to fulfill the service agreement (*other than above*)
4. *For relocation incentives only*: Employee failed to maintain residency in the new geographic area for the duration of the service agreement
5. Management needs of the organization (reduction in force or insufficient funds)
6. Other (describe below)

NOTICE: A DECISION TO TERMINATE A RECRUITMENT OR RELOCATION SERVICE AGREEMENT IS FINAL AND CANNOT BE GRIEVED OR APPEALED BY THE EMPLOYEE.

Conditions under which the employee must repay the incentive.

If the employee voluntarily, or because of misconduct, fails to complete the period of service in the position for which the incentive is being received, the employee will refund a pro-rated amount of the incentive received. The employee is entitled only to payments that have already been received up to the amount attributable to completed service.

Conditions, if any, under which the organization will remit an additional incentive payment, if necessary, for partially completed service if the service agreement is terminated.

If employee's service agreement is terminated based on management needs prior to the service period completion date, the employee is entitled to all incentive payments already received and any additional payments, if necessary, to provide payment in the amount attributable to completed service.

AUTHORIZATION

I have read the information contained in this service agreement and understand that the agreement is valid only when signed by the Approving Official and me. I acknowledge that under certain circumstances I may be required to reimburse amounts attributable to the incentive. I further understand that if the incentive is terminated for any reason, I am not entitled to grieve or appeal that decision.

Employee Signature	Date (mm/dd/yyyy)
Administrative Officer Signature (funds are available)	Date (mm/dd/yyyy)

I certify that this incentive meets the criteria for approval as provided in HHS Instruction 575-1: Recruitment, Relocation, and Retention Incentives.

Approving Official Signature	Title	Date (mm/dd/yyyy)
------------------------------	-------	-------------------