

NATIONAL INSTITUTES OF HEALTH

RETENTION INCENTIVE REQUESTS

The basis for paying all retention incentives must be certified at least annually, in writing, by the Authorized Agency Official.

Note: A retention incentive must be terminated if the employee is demoted or separated for cause, or receives a rating of less than Fully Satisfactory or equivalent, or leaves the position held at the time the incentive was approved. The organization must reduce or terminate the amount/percentage of a retention incentive when conditions change such that the original determination to pay the incentive no longer applies, or when payment is no longer warranted given a change in labor market factors, an incentive is no longer required to retain the employee(s), or the need for the employee's service no longer justifies the incentive.

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 normal hours per pay period _____)

REVIEW OF INCENTIVE

Basis for Review

Initial Incentive Renewal

This is a(n)

Individual Incentive Group Incentive

Effective Date of Initial Incentive (mm/dd/yyyy) [This is the date of the original retention incentive]

Total Amount of Initial Incentive

\$ _____

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

_____ %

Effective Date of Continuation (mm/dd/yyyy)

Expiration Date of Incentive (mm/dd/yyyy) [Must be last day of a pay period]

Total Amount of Continued Incentive

\$ _____

Percentage of Continued Incentive (Exact percentage required)

_____ %

SUCCESSION PLANNING Required for all requests.

Describe the organization's succession plan for the position for which the incentive is being granted.

SUCCESSION PLANNING (cont.)
(for leadership and nonleadership positions)

Describe the quality and availability of potential sources of employees identified by the organization's succession plan who currently possess the unique competencies required by the position or who with minimal training, cost, and disruption of service to the public could perform the full range of duties and responsibilities at the level performed by the employee.

Describe other efforts in the organization plan to eventually eliminate or reduce the use of retention incentives for the position.

CERTIFICATION

Recommending Official Signature		Date (mm/dd/yyyy)
Administrative Officer Signature (funds are available)		Date (mm/dd/yyyy)
Approving Official Signature		Date (mm/dd/yyyy)