ANNUAL RECERTIFICATION OF RETENTION INCENTIVE

I. INDIVIDUAL INFORMATION

Name	SSAN	Proposed Effective Date

Pay Plan-Series-Grade-Step	Position Title	Name of Organization

Last Appraisal Rating	Appraisal Date	Duty Location

II. NOMINATING SUPERVISOR CERTIFICATION

I certify that in the absence of the current retention incentive the employee would likely leave federal service.
The conditions and service agreement of the earlier retention incentive are still current.

Name/Title	Signature	Date	Telephone

III. COMMANDER/DIRECTOR CERTIFICATION

I concur with this request.

Name	Signature	Date	Telephone

IV. COMPTROLLER CERTIFICATION OF FUNDING AVAILABILITY

I certify that funds are available for this action and will not cause employee to exceed the Aggregate Limitation of Pay (5 CFR 530.202).

Name	Signature	Date	Telephone

V. DIRECTORATE OF HUMAN RESOURCES USE ONLY

Nature of Action	Authority	Retention Incentive Percentage and Amount	Effective Date
827 RETENTION INCENTIVE	VPN 5 USC 5754(d)(3)(a)		

Remarks:

- Retention Incentive will be terminated unless re-certification is approved by _____.
- Current Year Aggregate Limitation on Pay $_____ (5 CFR 530.202)
- Annual Rate of Basic Pay x Retention Incentive % = Incentive Amount

  $_____ X _____ = $_____

REVIEWS/APPROVAL

I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

HUMAN RESOURCES SPECIALIST	Signature	Date
HUMAN RESOURCES SPECIALIST	Signature	Date
DIRECTOR/DEPUTY DIRECTOR OF HUMAN RESOURCES	Signature	Date