

RELOCATION INCENTIVE NOMINATION REQUEST FORM

I. INDIVIDUAL INFORMATION

Name (Last, First, MI, Rank)	SSN	Proposed Effective Date	
Pay Plan- Occ Series- Grade-Step	Position Title	Old Duty Location	New Duty Location
Last Appraisal Rating & Date	Tenure	Selected from Vacancy Number	AFSC MILPDS Prefix SEI Code

II. DETERMINATION OF THE AMOUNT OF RELOCATION INCENTIVE

Requested Percentage

Criteria used to Establish the Percentage

III. JUSTIFICATION

An agency must consider the following factors, as applicable to the case at hand, in determining whether a position is likely to be difficult to fill in the absence of a relocation incentive. Describe in detail all of the following criteria. Failure to address all items will result in the request being returned without action.

1. The availability and quality of candidates possessing the competencies required for the position, including the success of recent efforts to recruit candidates for the position or similar positions using indicators such as offer acceptance rates, proportion of positions filled, and the length of time required to fill similar positions. (5 CFR 575.206(b)(1))

2. The salaries typically paid outside the Federal Government for similar positions. (5 CFR 575.206 (b)(2))

3. Recent turnover in similar positions (5 CFR 575.206(b)(3))

4. Employment trends and labor market factors that may affect the agency's ability to recruit candidates for similar positions. (5 CFR 575.206 (b)(4))

5. The desirability of the duties, work or organizational environment, or geographic location of the position.
(5 CFR 575.206 (b)(7))

6. Special or unique competencies required for the position. (5 CFR 575.206(b)(5))

7. Agency efforts to use non-pay authorities, such as special training and work schedule flexibilities, to resolve difficulties alone or in combination with a relocation incentive. (5 CFR 575.206 (b)(6))

8. Other supporting factors or continued justification from previous sections(5 CFR 575.206 (b)(8))

IV. 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 incentive.

Name and Title	Signature	Date	Telephone
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V. COMMANDER/DIRECTOR CERTIFICATION

I concur with this request.

Name and Title	Signature	Date	Telephone
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VI. COMPTROLLER CERTIFICATION OF FUNDING AVAILABILITY

I certify that funds are available for this action and will not cause the technician to exceed the aggregate pay limit allowed by 5 CFR 530.202

Current Year Aggregate Limitation on Pay \$ _____ (5 CFR 530.202)

Annual Rate of Basic Pay used for Recruitment Incentive Amount \$ _____

\$ _____ X _____ % = _____

Name and Title	Signature	Date	Telephone
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VII. DIRECTORATE OF HUMAN RESOURCES USE ONLY

Nature of Action 816 Relocation Incentive	Authority VPF 5 USC 5754	Amount	Effective Date
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Member has signed a service agreement valid through _____ (Check if N/A)

REVIEW/ APPROVAL

I certify 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
Director/Deputy Director of HRO	Signature	Date
The Adjutant General	Signature	Date