

Attachment 3

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 _____

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

**AIR NATIONAL GUARD
RELOCATION INCENTIVE
TECHNICIAN SERVICE AGREEMENT**

Information to Technician: If you are appointed to a position in the Federal Government, you may be authorized payment of a Relocation Incentive. Title 5 USC 5753 authorizes the payment of this incentive and the collection of the information requested on this form. The information you disclose will be used to determine whether payment of a Relocation Incentive may be authorized. The information may also be used a) by a Federal, state, or local agency when there is an indication of a violation or potential violation of law; b) by the Office of Personnel Management in carrying out its functions; and c) for other routine uses published in accordance with 5 USC 552a. Your failure to provide the information requested and sign the agreement set forth will result in your Relocation Incentive request not being processed by the Air National Guard.

NAME (Last, First, MI)

POSITION TITLE

DUTY STATION

I hereby understand and agree that:

1. I will remain in the _____ National Guard technician program for a period of _____ months from the date I report for duty at my official duty station, unless separated for reasons beyond my control and acceptable to the _____ National Guard.
2. Payment of Relocation Incentive will be made in (bi-weekly or lump sum) only after I have established a residence at the new geographic location. It is my responsibility to inform the Directorate of Human Resources of the new address. Method of payment may be modified if it exceeds the Aggregate Limitation on Pay.
3. I understand my Relocation Incentive will be terminated if I am demoted or separated for cause (i.e., conduct, unacceptable performance, involuntarily separated, receive a rating of record lower than "Fully Successful" or fail any critical elements on my performance standards, or otherwise fails to fulfill the terms of the service agreement. In such cases, I may retain any Relocation incentive payments attributable to completed service, but must repay any portion of the incentive payment attributable to uncompleted service.
4. If I voluntarily seek and accept outside employment, an AGR tour, Counter-Drug tour, or Statutory tour position during the period covered by this agreement, I will repay the _____ National Guard as described in paragraph 3 above.
5. HRO may terminate the Relocation incentive service agreement based on the needs of the agency. In this situation, I am entitled to keep any incentive payments received and HRO will pay any incentive payments for completed service.

SIGNATURE OF TECHNICIAN

DATE

Instructions: Sign and attach this form to the Relocation Incentive request form. By regulation a Relocation Incentive must be approved prior to the Entrance on Duty (EOD) date.

FOR HRO USE ONLY

Entrance on Duty (EOD): _____

Incentive Amount: \$ _____

Beginning Service Period: _____

End Service Period: _____