

RETENTION INCENTIVE NOMINATION REQUEST FORM

I. INDIVIDUAL INFORMATION

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

II. DETERMINATION OF THE AMOUNT OF RETENTION INCENTIVE

Requested Percentage

Criteria used to Establish the Percentage

III. JUSTIFICATION

Describe in detail all of the following criteria. Failure to address all items will result in the request being returned without action. Information regarding the following areas may be continued on additional pages or in section h.

1. Document the unusually high or unique qualifications of the employee. These typically refer to an employee's competencies (knowledge, skill, ability). Include training, specialized work experience, and formal schools or certifications. (5 CFR 575.305 (a)(1))

2. Document the special needs of the organization to retain the services that make retention essential. (5 CFR 575.305 (b)(1))

3. Document the extent to which the employee's departure (likely to leave) would affect the ANG ability to carry out an activity, mission, or perform a function. (5 CFR 575.305 (b)(2))

4. Additional considerations for authorizing a retention incentive for an individual employee. An agency must consider the following factors, as applicable to the case at hand, in determining whether the unusually high or unique qualifications of an employee or a special need of the ANG for an employee's services make it essential to retain the employee and that the employee would likely to leave the ANG in the absence of a retention incentive:

(a) Employment trends and labor market factors such as the availability and quality of candidates in the labor market possessing the competencies required for the position and who, with minimal training, cost, or disruption of service to the public, could perform the full range of duties and responsibilities of the employee's position at the level performed by the employee. (5 CFR 575.306 (b)(1))

(b) The success of recent efforts to recruit candidates and retain employees with competencies similar to those possessed by the employee for positions similar to the position held by the employee. (5 CFR 575.306 (b)(3))

(c) Special or unique competencies required for the position. (5 CFR 575.306 (b)(4))

(d) Agency efforts to use non-pay authorities to help retain the employee instead of or in addition to a retention incentive, such as special training and work scheduling flexibilities or improving working conditions. (5 CFR 575.306 (b)(5))

(e) The desirability of the duties, work or organizational environment, or geographic location of the position. (5 CFR 575.306 (b)(6))

(f) The extent to which the employee's departure would affect the agency's ability to carry out an activity, perform a function, or complete a project that the agency deems essential to its mission. (5CFR 575.306 (b)(7))

(g) The salaries typically paid outside the ANG. (5 CFR 575.306 (b)(8))

(h) Other supporting factors or continued justification from previous sections(5 CFR 575.306 (b)(9))

IV. NOMINATING SUPERVISOR CERTIFICATION

I certify that in the absence of a retention incentive the employee would likely leave the Technician force. I understand the applicant must sign the Service Agreement upon acceptance of the incentive.

Name and Title	Signature	Date	Telephone

V. COMMANDER/DIRECTOR CERTIFICATION

I concur with this request.

Name and Title	Signature	Date	Telephone

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 530.292

Name and Title	Signature	Date	Telephone

VII. DIRECTORATE OF HUMAN RESOURCES USE ONLY

Nature of Action	Authority VPN	Amount	Effective Date
827 Retention Incentive	5 U.S.C. 5754(d)(3)(A)		

Remarks:

Member has signed a service agreement valid through _____

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

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

\$ _____ x _____

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