

ANNUAL RECERTIFICATION REQUEST

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

INCENTIVE RECERTIFICATION CRITERIA

The determination to pay an incentive must be reviewed annually to determine if the original conditions for an incentive still apply, and the continued payment of an incentive is still warranted. As indicated, by the signatures below, the following serves to certify that the original conditions to pay an incentive, at the percentage approved, continue to exist.

- a. The technician is currently assigned to the position cited in the terms of the Service Agreement.
- b. There are no plans, at this time, to move this technician to a different position in the next 12-months.
- c. This Retention Incentive, at the percentage approved, is needed to retain this technician (or group of technicians).
- d. This technician received a “Fully Successful” or higher rating on their last performance appraisal.
- e. This position will be likely to fill in the absence of an incentive.
- f. There are sufficient funds to continue to pay this incentive at the percentage approved.

II. DETERMINATION OF THE AMOUNT OF RETENTION INCENTIVE

Requested Percentage

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 827 Retention 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