Request for:

___ **RELOCATION INCENTIVE**

U.S. Department of Housing and Urban Development

Office of Administration

Name of Employee | Social Security Number | Case Number

Position Title | Losing Department & Office Location (City, State) | Pay Plan, Series, Grade/Step

Salary | Gaining Organization | Office Location (City, State) | Immediate Supervisor

REQUESTED AMOUNT: $ _____
(Not to Exceed 25% of Salary per Service Year) x 1 YR ____ x 2 YRS ___ x 3 YRS ___ x 4 YRS ___ Other ___

Service Agreement Requirement
(Not to Exceed 4 Years) 1 YR ____ 2 YRS ___ 3 YRS ___ 4 YRS ___ Other _____

PAYMENT ARRANGEMENTS: Lump Sum = ___ Beginning of Service Period ___ End of Service Period **OR**

(In conjunction with Pay Periods) ___ Bi-weekly __ Monthly ___Quarterly ___ Semi-Annually

___ Annually ___ A combination of these (Please Specify Below):

_____

_____

_____

_____

Name of Requesting Official | Title

Signature | Date

Name Approving Official | Title

Signature | Date

ADMINISTRATION CONCURRENCE

____ CONCUR ____ NON-CONCUR

Name of Assistant Secretary for Administration

Signature | Date

SENSITIVE INFORMATION: The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure security and confidentially. In addition these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.