

Request for:
RECRUITMENT INCENTIVE

U.S. Department of Housing and
Urban Development
Office of the Chief Human Capital Officer

Name of Employee	Employee ID	Case Number
Position Title	Office Location (City, State)	Pay Plan, Series, Grade/Step
Salary Supervisor	Organization	Immediate

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

II. ADMINISTRATION CONCURRENCE

_____ CONCUR _____ NON-CONCUR

Name of Chief Human Capital Officer
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 confidentiality. 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.