

Request for:

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

____ **RELOCATION INCENTIVE**

Name of Employee _____ Employee ID _____ 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 _____

III. Office of Chief Human Capital Officer 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.