

Request for:
RETENTION INCENTIVE

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

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

REQUESTED PERCENTAGE: % _____
(Not to Exceed 25% of Salary) **NOTE: THIS AMOUNT WILL BE PAID FOR EACH SERVICE YEAR & CANNOT BE EXTENDED**

Service Agreement Requirement (No limit)
1 YR _____ 2 YRS _____ 3 YRS _____ 4 YRS _____ Other _____

PAYMENT ARRANGEMENTS: (Employee MUST work an equal amount of time PRIOR to receiving payment)

Lump Sum : _____ 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 _____

IV. Office of the 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.