

APPENDIX F

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

RETENTION INCENTIVE SERVICE AGREEMENT

I hereby agree to remain in the position I was selected for with the **U.S. Department of Housing and Urban Development** for the amount of time specified below, following the effective date of the official (retention) personnel action. I am aware that all actions must begin at the beginning of a pay period and end on a pay period and as a result, the specified time below may not be exact.

The total amount of the retention incentive I will be receiving under this agreement is \$_____. I am aware that my salary cannot exceed the aggregate cap and that should circumstances require, recruitment payments may be delayed until the following year to ensure this mandatory cap is not exceeded.

All payments will correspond with pay periods (i.e., monthly installments will be paid every other pay period). I also understand that this incentive cannot be extended beyond the service agreement date.

The Department may terminate a retention incentive agreement at any time based solely on management needs. For example, the service agreement may be terminated when the employee's position is affected by a reduction in force, or there are insufficient funds to continue the planned incentive payments, or when the Department assigns the employee to a different position. An authorized official will terminate this retention incentive service agreement if the employee is demoted or separated for cause, if the employee receives a rating of record of less than "Fully Successful" or equivalent, or otherwise fails to fulfill the terms of the service agreement.

I understand that my failure to fulfill the terms of this agreement will result in a debt to the Federal Government. Additionally, assignment to or acceptance of another position within or outside of the Department constitutes failure to fulfill the terms of this agreement and may result in a debt to the Federal Government.

SERVICE TIME:

_____ Years

PAYMENT ARRANGEMENT: (Percentage payable for entire length of service agreement)

_____ Annual _____ Monthly _____ Quarterly _____ Biweekly

_____ Prior to Employment Date _____ End of Service Period

_____ Combination of above (specify)

NAME: _____ (please print)

OFFICE: _____

SIGNATURE: _____ DATE: _____