

**TEXAS MILITARY DEPARTMENT
RELOCATION INCENTIVE
REQUEST FORM**

I. INDIVIDUAL INFORMATION

Name (Last, First MI)	SSN	Date Scheduled to Report for Duty	
Position Title	Pay Plan-Series-Grade/Step	PD Number	MOS/AFSC
Selected from Vacancy Number	Unit/Organization of Assignment	Duty Location	

II. JUSTIFICATION AND DETERMINATION OF THE AMOUNT INCENTIVE

Describe in detail all of the following criteria. This information may be continued on additional pages.

1. Requested percentage and criteria used to establish the percentage.

2. Unsuccessful previous efforts to recruit candidates for this or similar positions.

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3. Turnover in this or similar positions.

4. Labor market factors and special qualifications needed for this position.

5. Recent efforts to recruit candidates with similar qualifications and the availability of qualified candidates in the labor market.

III. NOMINATING SUPERVISOR CERTIFICATION			
I certify that in the absence of a Relocation Incentive, difficulty would be encountered in filling this position. I understand the applicant must sign the Relocation Incentive Service Agreement upon acceptance of the position.			
Name/Title	Signature	Date	Telephone
IV. COMMANDER/VICE COMMANDER/DIRECTOR CERTIFICATION			
I concur with this request.			
Name/Title	Signature	Date	Telephone
V. CERTIFICATION OF FUNDS			
I certify that funding is available for this action and will not cause the employee to exceed the aggregate pay limit allowed by 5 CFR 530.202.			
Name/Title	Signature	Date	Telephone
VI. HUMAN RESOURCES OFFICER CERTIFICATION			
Nature of Action	Authority	Amount	Date
Remarks: <ul style="list-style-type: none"> • Member has signed a service agreement valid through _____ • Percentage of Relocation Incentive _____ • Annual Rate of Basic Pay used for Relocation Incentive amount \$ _____ $\$ \text{_____} \times \text{_____} \% \times \text{_____} (\text{mos}) =$ $\text{\$_____}$			
VII. STATE REVIEW/CERTIFICATION			
I certify that the information entered on this form is accurate and that the proposed action complies with statutory and regulatory requirements.			
HRO/DHRO	Signature	Date	
The Adjutant General	Signature	Date	

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