

APPENDIX I

<b>TEXAS MILITARY DEPARTMENT RECRUITMENT INCENTIVE REQUEST FORM</b>			
<b>I. INDIVIDUAL INFORMATION</b>			
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	
<b>II. JUSTIFICATION AND DETERMINATION OF THE AMOUNT INCENTIVE</b>			
Describe in detail all of the following criteria. This information may be continued on additional pages.			
<b>1. Requested percentage and criteria used to establish the percentage.</b>			
<b>2. Unsuccessful previous efforts to recruit candidates for this or similar positions.</b>			

TMD Form 1035-5, NOV 2017

**3. Employee 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.**

<b>III. NOMINATING SUPERVISOR CERTIFICATION</b>			
I certify that in the absence of a Recruitment Incentive, difficulty would be encountered in filling this position. I understand the applicant must sign the Recruitment Incentive Service Agreement upon acceptance of the position.			
Name/Title	Signature	Date	Telephone
<b>IV. COMMANDER/VICE COMMANDER/DIRECTOR CERTIFICATION</b>			
I concur with this request.			
Name/Title	Signature	Date	Telephone
<b>V. CERTIFICATION OF FUNDS</b>			
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
<b>VI. HUMAN RESOURCES OFFICER CERTIFICATION</b>			
Nature of Action	Authority	Amount	Date
Remarks: <ul style="list-style-type: none"> <li>• Member has signed a Service Agreement valid through _____</li> <li>• Percentage of Recruitment Incentive _____</li> <li>• Annual Rate of Basic Pay used for Recruitment Incentive amount \$ _____</li> </ul> <p style="margin-left: 40px;">\$ _____ x _____ % x _____ (mos) = \$ _____</p>			
<b>VII. STATE REVIEW/CERTIFICATION</b>			
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	

TMD Form 1035-5, NOV 2017