

TEXAS MILITARY DEPARTMENT RETENTION INCENTIVE REQUEST FORM		
I. INDIVIDUAL INFORMATION		
Name (Last, First MI)	SSN	Proposed Effective Date
Pay Plan-Series-Grade/Step	Position Title	Assigned Organization
Last Appraisal Rating	Appraisal Date	Duty Station Location
II. DETERMINATION OF THE AMOUNT OF RETENTION INCENTIVE		
Requested Percentage	Criteria Used to Determine Amount of Percentage	
III. JUSTIFICATION		
Describe in detail all of the following criteria. This information may be continued on additional pages.		
<p>1. Document the employee's unusually high or unique qualifications. These typically refer to an employee's competencies, such as knowledge, skills, or abilities. Include training, specialized work experience, formal schools, or certifications relative to this request.</p>		

2. Document the special needs of the organization to retain the services that make retention essential.

3. Document the extent to which the employee's departure (likely to leave) would affect your organization's ability to carry out an activity or mission, or to perform a function.

IV. JUSTIFICATION (CONTINUED)

4. List any additional considerations for authorizing a Retention Incentive for an individual or a group of employees. An agency must consider the following factors to determine whether the qualifications of an individual or group of employees, or a special need of their services, makes it essential to retain the employee, and if the employee(s) is likely to leave Federal service in the absence of a Retention Incentive:

(a) Describe the availability and quality of candidates in the labor market who possess the competencies required for the position, and who could perform the full range of duties and responsibilities of the employee's position, at the level currently being performed, with minimal training, cost, or disruption of service to the public.

(b) The success of recent efforts to recruit qualified candidates and retain employees with competencies similar to those possessed by employees in like positions.

(c) Identify special or unique competencies required for the position.

(d) Describe agency efforts to use non-pay authorities to help retain the employee(s) instead of, or in addition to, a Retention Incentive, such as special training and work schedule flexibilities or improving working conditions.

(e) Describe the desirability of the duties, work or organizational environment, or geographic location of the position.

(f) Describe the extent to which the employee's departure would affect the organization's ability to carry out an activity, perform a mission, or complete a project essential to its mission.

(g) List the salaries typically paid, for a like position, outside the Federal Government.

(h) List other supporting factors

V. NOMINATING SUPERVISOR CERTIFICATION

I certify that the employee is likely to leave Federal service in the absence of receiving a Retention Incentive. The employee has signed a written Service Agreement.

Name/Title	Signature	Date	Telephone
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VI. COMMANDER/VICE COMMANDER/DIRECTOR CERTIFICATION

I concur with this request.

Name	Signature	Date	Telephone
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VII. 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
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VIII. HUMAN RESOURCES OFFICER CERTIFICATION

Nature of Action	Authority	Retention Percentage Amount	Date
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Remarks:

- Retention Incentive must be certified on the annual anniversary date of payment _____ (date). Failure to complete recertification will require termination of the Retention Incentive.

- Base Pay x Retention Incentive % x Service Period = Total Incentive Amount

\$ _____ x _____ % x _____ (mos) = \$ _____

VIII. 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.

Human Resources Officer	Signature	Date
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The Adjutant General	Signature	Date
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