

<b>TEXAS GUARD ANNUAL INCENTIVE RECERTIFICATION REQUEST FORM</b>			
<b>I. INDIVIDUAL INFORMATION</b>			
Name (Last, First MI)		SSN	Date of Appointment to Current Position
Position Title	Pay Plan-Series-Grade/Step	Assigned PD Number	Compatible MOS/AFSC
Unit/Organization of Assignment		Duty Station Location	
<b>II. INCENTIVE RECERTIFICATION</b>			
<p>The determination to pay an incentive must be reviewed annually to determine if the original conditions for an incentive still apply, and the continued payment of an incentive is still warranted. As indicated, by the signatures below, the following serves to certify that the original conditions to pay an incentive, at the percentage approved, continue to exist.</p> <p>a. The employee is currently assigned to the position cited in the terms of the Service Agreement.</p> <p>b. There are no plans, at this time, to move this employee to a different position in the next 12-months.</p> <p>c. This Retention Incentive, at the percentage approved, is needed to retain this employee (or group of employees).</p> <p>d. This employee received a "Fully Successful" or higher rating on their last performance appraisal.</p> <p>e. This position will be likely to fill in the absence of an incentive.</p> <p>f. There are sufficient funds to continue to pay this incentive at the percentage approved.</p>			
<b>III. SUPERVISOR CERTIFICATION</b>			
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. 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