

REQUEST FOR STAFFING ALLOWANCE

EMPLOYEE/APPLICANT NAME <i>(Last, First, MI)</i>	TITLE/SERIES/PAY PLAN/GRADE/CAREER LEVEL
PPI#	ORG LOCATION/ACTIVITY

ALLOWANCE REQUESTED: _____ PERCENT OF BASIC PAY \$ _____ DOLLAR AMOUNT

DESCRIBE RECENT EFFORTS UNDERTAKEN TO RECRUIT AND RETAIN EMPLOYEES/CANDIDATES WITH QUALIFICATIONS SIMILAR TO THOSE POSSESSED BY THE EMPLOYEE FOR POSITIONS SIMILAR TO THE POSITION HELD BY THE EMPLOYEE.

DESCRIBE THE SUCCESS OF THE EFFORTS CITED ABOVE.

DESCRIBE THE AVAILABILITY IN THE LABOR MARKET OF CANDIDATES FOR EMPLOYMENT WHO, WITH MINIMAL TRAINING OR DISRUPTION OF SERVICE TO THE PUBLIC, COULD PERFORM THE FULL RANGE OF DUTIES AND RESPONSIBILITIES ASSIGNED TO THE POSITION HELD BY THE EMPLOYEE.

DESCRIBE THE EXTENT TO WHICH THE EMPLOYEE'S DEPARTURE WOULD AFFECT THE ACTIVITY'S ABILITY TO CARRY OUT AN ACTIVITY OR PERFORM A FUNCTION THAT IS DEEMED ESSENTIAL TO THE ACTIVITY'S MISSION.

CERTIFICATION: I certify that the unusually high or unique qualifications of the employee or a special need of the agency for the employee's services makes it essential to retain the employee, and, in the absence of the bonus requested herein, the employee would be likely to leave the Federal service for employment outside the executive, legislative, or judicial branch of the Federal Government.

Recommending Official's Title _____ Signature _____ Date _____

Enclosure: (1) Requirements Document

FOR APPROVING OFFICIAL'S USE ONLY:

Approved Disapproved

Title _____ Signature _____ Date _____

FOR HUMAN RESOURCES OFFICE USE ONLY:

Bonus Accepted Bonus Declined

_____ Percent \$ _____ Amount

Title _____ Signature _____ Date _____