

REQUEST FOR STAFFING ALLOWANCE ANNUAL RECERTIFICATION

From: To:	Date:
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In accordance with reference (a), the retention allowance payment for the below employee has been reviewed.

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

RECOMMENDED ACTION

CERTIFICATION: I certify that unusually high or unique qualifications of the employee or a special need of the agency for the employee's services continues to make 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.

Continue Current Allowance	_____	Percent of Pay \$	_____	Dollar Amount
Increase New Allowance	_____	Percent of Pay \$	_____	Dollar Amount
Reduce New Allowance	_____	Percent of Pay \$	_____	Dollar Amount
Terminate Allowance	Reason(s): _____			

Recommending Official's Title: _____ Signature: _____ Date: _____

FOR APPROVING OFFICIAL'S USE ONLY:

From: To:	Date:
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FINAL DISPOSITION:

It is determined that the conditions warranting payment of a retention allowance continue to exist and the allowance warrants continuation as follows:

Continue Current Allowance	_____	Percent of Pay \$	_____	Dollar Amount
Increase New Allowance	_____	Percent of Pay \$	_____	Dollar Amount
Reduce New Allowance	_____	Percent of Pay \$	_____	Dollar Amount
Terminate Allowance	A retention allowance is no longer warranted.			

Approving Official's Title: _____ Signature: _____ Date: _____

FOR HUMAN RESOURCES OFFICE USE ONLY:

Current Allowance	_____	Percent of Pay \$	_____	Dollar Amount
HRO Official's Title:	_____	Signature:	_____	Date: _____