	U.S. DE	PARTMENT OF AGRICUL	TURE			
	RECOMMEN		ROVAL OF			
	IENT / RELOCATION BONUS			ENTION ALLOW	WANCE	
1. AGENCY NAME		2. AGENCY CODE	3. CASE N	IUMBER	4. EMPLOYING OFFICE CODE	
5. NAME OF EMPLOYEE		6. SOCIAL SECURITY I	ITY NUMBER 7. DUTY		TION CODES	
8. POSITION TITLE		9. LOCATION (City, State	LOCATION (City, State)		10. PLAY PLAN - SERIES / GRADE / STEP	
11. SALARY	12. ORGANIZATION	12. ORGANIZATION			13. EFFECTIVE DATE	
\$						
14. ACCOUNTING CODE	15. MAIL CHECK TO (If	15. MAIL CHECK TO (If applicable):			EXPECTED DURATION OF ALLOWANCE (If applicable)	
 The proposed recruit THE FOLLOWING INFORMAT FOR A RETENTION ALLOWA A written determination A written determination 		ong with the rationale for D, FOR REVIEW BY THE 575, Subchapter 2-5c fo que qualifications of the e v to leave the federal gov	the amount pro ERECOMMEN or Guidance.) employee or a se	oposed. DING AND AF special need o absence of a r	PPROVING OFFICIALS	
		7. RECOMMENDATION				
RECOMMENDED AMOUNT \$		PERCENTAG	PERCENTAGE OF SALARY %			
SIGNATURE OF RECOMMENDING OFFICIAL		TITLE	DATE		DATE	
		18. APPROVAL				
APPROVED AMOUNT PERCENTAGE OF SALARY						
\$ SIGNATURE OF APPROVING OF	TITLE		%	DATE		
			0.1			
SIGNATURE OF RECOMMENDING OFFICIAL		TION (For Retention All			DATE	
Comments / changes:						
SIGNATURE OF APPROVING OFFICIAL		TITLE	ITLE DATE		DATE	
Comments / changes:		I			1	