

RECRUITMENT/RELOCATION BONUS SERVICE AGREEMENT

(AK REG 690-530)

PRIVACY ACT STATEMENT

Collection of the requested information is authorized by Title 5, U.S. Code, Part 3. The Social Security Number and other personal information is required for proper identification of the individual. Completion of this form is voluntary, however failure to provide information may result in disapproval of the request or inability to process the request.

A. LOCATION	B. TITLE, SERIES AND GRADE
C. ANNUAL RATE OF PAY	D. AMOUNT OF BONUS
E. EFFECTIVE DATE	F. EXPIRATION DATE

EMPLOYEE'S STATEMENT

I understand that:

- a. As a condition of accepting payment, I will remain in the above position from the effective date through the expiration date of this agreement, unless the agreement is terminated sooner as indicated below.
- b. If my employment in the position shown above is terminated during the period of the agreement at the convenience of the government, I will be entitled to retain the entire bonus.
- c. If my employment in the position shown above is terminated during the period of the agreement at my request, or as a result of misrepresentation or misconduct, I will be required to refund the unearned portion of the bonus.
- d. The bonus is not considered basic pay for computing overtime, retirement, insurance entitlement, or other benefits based on basic pay.

TYPED NAME	GRADE	SSN
SIGNATURE		DATE
APPROVING OFFICIAL (TYPED NAME, GRADE, TITLE)		
SIGNATURE		DATE
CIVILIAN PERSONNEL OFFICER (TYPED NAME, GRADE, TITLE)		
SIGNATURE		DATE