

NATIONAL CAPITAL REGION MEDICAL DIRECTORATE RELOCATION INCENTIVE SERVICE AGREEMENT

MTF/Center:

Selectee Name:

SSN (Last Four):

Position Title:

Pay Plan:


Series:

Grade:

Step:

Previous Duty Location:

- I have had the opportunity to read the appropriate portion(s) of NCR-MD Administrative Instruction 1432.01, and agree to accept the applicable conditions specified therein, in order to receive the following incentive(s) and/or bonus(es).
- I agree to obligate service for a period of _____, with the agency mentioned above, whether or not the incentive(s) and/or bonus(es) continue(s) beyond the initial period agreed to below. If I do not complete the specified period as a Department of Defense (DoD) Civil Service employee, unless separated for reasons beyond my control and acceptable to the employing agency, I agree to repayment as specified in NCR-MD Administrative Instruction 1432.01.
- My period of service begins on _____.
- My period of service ends on _____.
 - I further understand that if I enter a nonpay/nonduty status, my service period will be adjusted accordingly.
- The total amount of the relocation incentive I will be receiving under this agreement is _____, which is paid in a(n) _____.
- I understand that payment of this relocation incentive is contingent upon my establishing a residence in the new commuting area.

(STATE CONDITIONS OF EMPLOYMENT SPECIFIC TO THIS AGREEMENT AS DESCRIBED IN 5 CFR 575.210; IF APPLICABLE ATTACH AS SEPARATE PAGE). 

_____ Employee

LOSS OF ELIGIBILITY FOR RELOCATION INCENTIVE

- I understand I will no longer be eligible for the relocation incentive if I voluntarily end my employment with _____, am demoted or separated for cause, reasons of misconduct or performance, receive a rating of record less than “Fully Successful” or equivalent, or in any way violate the terms of this agreement.
- I understand that the relocation incentive may not continue for periods of leave without pay (LWOP). If LWOP occurs, this can result in loss in incentive benefits for these periods unless exceptions (i.e. returning from uniform service, full recovery from compensable injury, etc) are granted by the authorizing official.
- I understand that management may terminate this agreement at any time for reasonable cause, such as: in order to avoid a reduction in force, my reassignment to a different position, or in the case of insufficient funds.
- I understand that if I cannot complete the period of service because the authorizing official unilaterally terminated a service agreement based solely on a management need, I am entitled to all payments already received.
- Furthermore, I understand that a management decision to terminate this agreement may not be grieved or appealed.

REIMBURSEMENT OF RELOCATION INCENTIVE

- If I leave NCR-MD before I complete the period of service specified in this agreement, I will repay to the agency the relocation incentive that is in excess of the amount attributable to completed service.
- I also understand that under such circumstances these monies are recoverable from me as a debt due to the United States Government.

EMPLOYEE SIGNATURE

Date

I certify that I have discussed the conditions of the NCR-MD Relocation Incentive program with this employee.

APPROVING OFFICIAL SIGNATURE

Date