

**CALIFORNIA NATIONAL GUARD
RELOCATION INCENTIVE
REQUEST FORM**

I. INDIVIDUAL INFORMATION

Name (Last, First MI)	SSN	Proposed Effective Date
Pay Plan/Series/Grade/Step	Position Title	Name of Assigned Organization
Last Appraisal Rating	Appraisal Date	Duty Station Location

II. DETERMINATION OF THE AMOUNT OF RELOCATION INCENTIVE

Requested Percentage	Length of Requested Incentive	Criteria Used to Determine Percentage

III. JUSTIFICATION DETERMINATION OF THE RELOCATION INCENTIVE AMOUNT

Describe in detail all of the following criteria. Failure to address all items may result in the request being returned without action. Information regarding the following areas may be continued on additional pages.

1. Employee Unique Qualifications: Document the technician's unusually high or unique qualifications. These typically refer to a technician's competencies, such as knowledge, skills, or abilities. Include training, specialized work experience, formal schools, or certifications relative to this position. (5 CFR 575.206 (b)(5))

2. Recruitment Challenges: Availability and quality of candidates with the competencies required for the position and who, with minimal training, cost, or disruption of service to the public, could perform the full range of duties and responsibilities of the position. Include previous recruitment efforts. (5 CFR 575.206 (b)(1))

3. Competitor Salaries: Salary typically paid outside the Federal Government for similar positions. (See www.bls.gov). (5 CFR 575.206 (b)(2))

4. Current Trends: Recent turnover with similar positions, and employment trends/labor-market factors that may affect the agency's ability to recruit candidates for similar positions. (5 CFR 575.206 (b)(3)(4))

5. Retention Challenges: Agency efforts to use non-pay authorities to help retain the employee instead of or in addition to a retention incentive, such as special training, scheduling flexibilities or improved working conditions. (5 CFR 575.206 (b)(6))

6. Desirability of the Position: The desirability of the duties, work/organizational environment, or geographic location of the position. (5 CFR 575.206 (b)(7))

7. Additional Information: Other supporting factors or continued justification from previous sections. (5 CFR 575.206 (b)(8))

8. HRO Input:

Attrition Unit/Like Work (Separation Report):

Current Fill Rate of Unit & Work center:

Success of Last 3 Advertisements (# of Qualified Applicants):

PCS Option:

SQA:

ARNG Current FY Funds Obligated in Incentives: \$

ANG Current FY Funds Obligated in Incentives: \$ out of \$ (%)

IV. NOMINATING SUPERVISOR CERTIFICATION			
I certify that, in the absence of a Relocation Incentive, this position would be difficult to fill. The technician has signed an Employment Agreement for Relocation Incentive.			
Name/Title	Signature	Date	Telephone
V. COMMANDER/DIRECTOR SIGNATURE			
I concur with this request.			
Name/Title	Signature	Date	Telephone
VI. COMPTROLLER/FUNDS MANAGER CERTIFICATION OF AVAILABLE FUNDING			
I certify that funding is available for this action and will not cause the technician to exceed the aggregate pay limit allowed by 5 U.S.C. 5307.			
Name/Title	Signature	Date	Telephone
Remarks:			
<ul style="list-style-type: none"> • Member has signed a service agreement valid through _____ • Current Year Aggregate Limitation on Pay \$ _____ (5 U.S.C. 5307) • Relocation Incentive Percentage: _____ • Annual Rate of Basic Pay used for Relocation Incentive amount \$ _____ <p>\$ _____ x _____ % x _____ (Years) = \$ _____</p>			
VII. HUMAN RESOURCES CERTIFICATION OF ELIGIBILITY (5 CFR 575.203/575.204)			
I certify that this incentive application meets 5 CFR Part 575, Subpart B – Relocation Incentives documentation/eligibility requirements.			
Supervisory HR Specialist	Signature	Date	
HRO/Deputy HRO	Signature	Date	
X. REVIEW AND APPROVAL (5 CFR 575.206/575.208)			
I certify that this incentive application adequately addresses 5 CFR 575.206/575.208 approval criteria requirements.			
Component CoS	Signature	Date	
The Adjutant General	Signature	Date	