

REQUEST FOR PHS RECRUITMENT / RELOCATION BONUS AND RETENTION ALLOWANCE
(To be approved by the Authorized Management Official)
(To be used in conjunction with PHS Instruction 575-1)

1. ACTION REQUESTED *(Justification must be attached)*

Type of Bonus or Allowance: Recruitment Relocation Retention

2. EMPLOYEE INFORMATION

NAME <i>(Print or Type)</i>		SOCIAL SECURITY NUMBER — —
TITLE	SERIES / GRADE / STEP	ANNUAL BASE SALARY \$
ORGANIZATION <i>(BUREAU / CENTER / AGENCY)</i>	LOCATION	POSITION NO.
RETENTION ALLOWANCES ONLY		
Employee has served as an HHS employee since _____ <i>(Minimum 1 year required)</i>		
TYPE OF APPOINTMENT <input type="checkbox"/> Permanent <input type="checkbox"/> Term (____Years) <i>(Recruitment only -- 2 year minimum)</i>		OFFICIAL TOUR OF DUTY <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <i>(If Part Time, Regularly Scheduled Hours per Pay Period: _____)</i>

3. AMOUNT OF BONUS / ALLOWANCE TO BE PAID *(Justification of amount must be attached)*

BONUS / ALLOWANCE MUST BE PRORATED IF PART-TIME <i>(Number of Part-Time Hours divided by 80 multiplied by bonus / allowance.)</i>	
Recruitment: _____ % = \$ _____	
Relocation: _____ % = \$ _____	
Retention: _____ % = \$ _____	
TOTAL BONUS: _____ % = \$ _____	
TOTAL BASE + OTHER CONTINUING PAY + BONUS / ALLOWANCE = \$ _____ <i>(Total Pay cannot exceed EX-1)</i>	
FOR RECRUITMENT BONUS ONLY	Will Above-The-Minimum rate also be used? <input type="checkbox"/> YES <input type="checkbox"/> NO

4. EFFECTIVE DATE

This agreement is effective on _____ and expires on _____.

5. REVIEWS AND APPROVALS

a. RECOMMENDING OFFICIAL	TITLE	DATE
b. APPROVING OFFICIAL	TITLE	DATE
c. FUNDS ARE AVAILABLE <i>(Signature)</i>	TITLE	DATE
d. I certify that the information entered on this form is accurate and that the proposed bonus / allowance is in compliance with statutory and regulatory requirements.		
PERSONNEL OFFICIAL	TITLE	DATE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

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PRIVACY ACT NOTIFICATION STATEMENT
REQUEST FOR RENEWAL OF RETENTION ALLOWANCE
FORM PHS-6340B

General

This information is provided pursuant to the Privacy Act of 1974 (P.L. 93-597).

Authority for Collection of Information

P.L. 95-603, Executive Order 9379.

Purpose and Uses

The principal purpose for collecting the information requested on the above mentioned form is to establish the terms under which an individual receives an allowance under the Federal Employees Pay Comparability Act of 1990 (5 U.S.C. 5753). The information collected will be used as a basis for payroll actions. Accordingly, disclosure of identifiable information, including your Social Security Number (SSN), may be made to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, and to the Department of Labor for workman compensation claims. This information may also be disclosed to the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, these records, or information therefrom, may also be used within DHHS for study purposes, such as projection of staffing needs, and/or creation of nonidentifiable statistical data for reports to other Federal agencies and Congress.

Information Regarding Disclosure of Your Social Security Account Number

Disclosure of the SSN is mandatory since it is the identifier used by the Internal Revenue Service and for the withholding of taxes from your salary. The use of the SSN is made necessary because of the large number of present and former employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN. It is used primarily to identify an employee's personnel, leave, and pay records and to relate one to the other. In this regard, it is also used by the PHS to locate records in order to respond to lawful requests for information from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the SSN will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems or records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters.

Effect of Non-disclosure

Your submission of this agreement is voluntary; however, if the agreement is submitted, omission of significant information requested would preclude continued processing of the agreement for you to receive an allowance because payroll would be unable to process the necessary actions.