

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

RECRUITMENT / RELOCATION BONUS SERVICE AGREEMENT
Federal Employees Pay Comparability Act of 1990
(5 U.S.C. 5753)

NAME (Print or Type)	FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER	AGENCY
				— —	

In consideration of payments of the bonus for which I qualify under the Federal Employees Pay Comparability Act of 1990 (5 U.S.C. 5753) as implemented by the regulations of the U.S. Office of Personnel Management (5 CFR, Part 575), the policies of the Department of Health and Human Services, and the Public Health Service, I hereby agree:

- To serve in _____ PHS for _____ year(s) in the position of _____
(Agency) *(Specify position, title, and series)*
- That the amount of bonus payable to me shall be determined by the Assistant Secretary for Health or his/her designee as prescribed by the PHS plan for payment of such bonuses. The bonus payable under this agreement is \$ _____.
- That if I elect to enter into a multiple-year contract, the Assistant Secretary for Health and his/her designee may limit the length of the agreement.
- That acceptance of this agreement does not alter the conditions or terms of my employment.
- That payment of this bonus is based solely on the position to which I am assigned and is not associated with my performance and/or conduct. Accordingly, this agreement will not preclude nor limit the Public Health Service from effecting personnel actions as may be appropriate.
- (a) That in the event I voluntarily, or because of misconduct, fail to complete the period of service in the position for which I am receiving the bonus, I will refund a pro-rated amount of the bonus I have received unless the Assistant Secretary for Health or his/her designee, in accordance with prescribed regulations, determines that my failure to complete my agreed period of service is due to circumstances which are beyond my control.

(b) It is further agreed that any amount which I am obligated to refund will be a debt due to the United States which I hereby agree to pay in full as directed by the Department of Health and Human Services.
- (a) That the effective date of this agreement and bonus payment pursuant to this agreement will normally be made on the first day of the pay period after the agreement is signed and notarized, but not earlier than the date of the appointment. This agreement is effective on _____
(Month / Day / Year)

(b) In unusual circumstances, an agreement may be effective at a later date agreed upon by the employee and the employee's agency. This agreement will be effective on _____
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- That the regulations and policies implementing 5 U.S.C. 5753 are incorporated into and made a part of this agreement and I have read these regulations and policies.

I AGREE TO THE TERMS OF THIS CONTRACT

SIGNATURE _____

NAME (Print/Type) _____

DATE _____

SOCIAL SECURITY NUMBER _____

NOTARIZATION

Subscribed and sworn before me this _____ day

of _____, A.D., 20____, at _____
(City and State)

(Signature of Notary)

(Date Commission Expires)

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PRIVACY ACT NOTIFICATION STATEMENT
REQUEST FOR PHS RECRUITMENT / RELOCATION BONUS AND RETENTION ALLOWANCE
FORM PHS-6340A

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 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 number 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 on 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.