

REQUEST FOR RENEWAL OF RETENTION ALLOWANCE
(To be approved by the Authorized Management Official)
(To be used in conjunction with PHS Instruction 575-1 AND in lieu of PHS-6340)

1. EMPLOYEE INFORMATION

NAME <i>(Print or Type)</i>		SOCIAL SECURITY NUMBER
POSITION TITLE	SERIES / GRADE / STEP	POSITION NO.
ORGANIZATION <i>(AGENCY / BUREAU / CENTER)</i>	LOCATION	
EMPLOYEE HAS SERVED IN HHS SINCE DATE _____	OFFICIAL TOUR OF DUTY	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If Part-time, regularly scheduled hours per pay period: _____

2. ORIGINAL RETENTION ALLOWANCE INFORMATION AND JUSTIFICATION *(as of the effective date of the original allowance)*

EFFECTIVE DATE OF ORIGINAL ALLOWANCE	EXPIRATION DATE	RETENTION ALLOWANCE AUTHORIZED _____ % = \$ _____
ANNUAL BASE SALARY \$ _____	OTHER CONTINUING PAY \$ _____	TOTAL COMPENSATION \$ _____
<p>CONDITIONS FOR APPROVAL OF RETENTION ALLOWANCE:</p> <p>a. There is an essential need for the employee's services;</p> <p>b. The employee is likely to leave Federal service if the retention allowance is not paid;</p> <p>c. The employee's departure would hamper a crucial function or mission; and</p> <p>d. The employee occupies a position for which there is significant recruitment or retention problem as demonstrated by special salary rate or direct hire authority or specific recruitment/retention data.</p> <p>THESE CONDITIONS WERE EVIDENCED IN THE ORIGINAL RETENTION ALLOWANCE DOCUMENTATION AS FOLLOWS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

3. CERTIFICATION AND APPROVAL OF RETENTION ALLOWANCE RENEWAL

(NOTE: Any changes to the conditions under which the original retention allowance determination was made, or a proposed increase to the percentage of allowance approved, will necessitate submission of a new retention allowance request.)

<p><i>I certify that the conditions giving rise to the original determination to pay the retention allowance as stated in item 2., above, still exist and that a continued retention allowance of _____% is warranted.</i></p> <p><i>(Current evidences of continued need, e.g., employment offers, labor market surveys, etc., should be attached if available.)</i></p>	Current Annual Base Salary. \$ _____
	Retention Allowance Renewal Amount . . . \$ _____
	Other Continuing Pay \$ _____
	Total Compensation* \$ _____ <small>(Total cannot exceed EX-1)</small>
	* Base + Other Continuing Pay + Allowances
a. RECOMMENDING OFFICIAL _____ <i>(Signature)</i>	_____ <i>(Title)</i> _____ <i>(Date)</i>
b. APPROVING OFFICIAL _____ <i>(Signature)</i>	_____ <i>(Title)</i> _____ <i>(Date)</i>

4. EFFECTIVE DATE *(All contracts must begin on the first day of a pay period and end on the last day of a pay period.)*
This agreement is effective on _____ and expires on _____.

5. FUNDS AVAILABILITY AND PERSONNEL REVIEW

a. Funds are available _____ <i>(Signature)</i>	_____ <i>(Title)</i>	_____ <i>(Date)</i>
<p>b. <i>I certify that the information entered on this form is accurate and that the proposed allowance is in compliance with statutory and regulatory requirements.</i></p> <p>PERSONNEL OFFICIAL _____ <i>(Signature)</i></p> <p>_____ <i>(Title)</i> _____ <i>(Date)</i></p>		

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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.