

**Department of Commerce
Retention Incentive Service Agreement**

Employee Name: _____

Position: _____

Pay Plan/Series/Grade or Band: _____

Bureau/Organization/Duty Station: _____

Required service period (must begin on first day of a pay period and end on the last day of a pay period): Commencement date: _____ Termination Date: _____

Amount of Incentive (percentage of salary): _____

Method and Timing of Payments:

- a. Equal dollar installments by biweekly pay period: _____
- b. Final lump sum payment (after completion of the full service period): _____

In return for the payment of the retention incentive specified above, I agree to accept the terms and conditions specified below:

1. I understand that the agency may terminate the retention incentive service agreement based solely on the management needs of the agency. This may be due to a reduction-in-force or when there are insufficient funds to continue the planned incentive payments. If the retention incentive service agreement is terminated for the reasons listed above, I understand that I am entitled to retain retention incentive payments previously paid that are attributable to the completed portion of the service period and any portion of a retention incentive payment owed by for completed service.
2. I understand that the agency must terminate the retention incentive service agreement when conditions change such that the original determination to pay the retention incentive no longer applies (e.g., if I am reassigned to a different position that is not within the terms of the service agreement or when payment is no longer warranted). If the retention incentive service agreement is terminated for the reasons listed above, I understand that I am entitled to retain retention incentive payments previously paid that are attributable to the completed portion of the service period and any portion of a retention incentive payment owed for completed service.
3. I understand that the agency must terminate the retention incentive service agreement if in the performance of my duties in this position I am rated less than "Fully Successful" or equivalent during this period, demoted or separated for cause. If the retention incentive service agreement is terminated for the reasons listed above, I understand that I am entitled to retain retention incentive payments previously paid that are attributable to the completed portion of the service period. If I received retention incentive payments that were less than the amount that would be attributable to completed service, the agency is not obligated to pay any outstanding incentive payments attributable to completed service.

4. I understand that termination of a service agreement is not grievable or appealable.

Employee's Signature _____ Date _____

Manager's Signature _____ Date _____

Authorized Agency Official Signature _____ Date _____

A copy of this agreement must be sent to the servicing human resources management office for inclusion in the employee's Official Personnel Folder on the left side.