

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

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 (PRINT OR TYPE)		SOCIAL SECURITY NUMBER
TITLE	PP - SERIES - GRADE - STEP - - -	ANNUAL BASE SALARY \$
ORGANIZATION	LOCATION	POSITION NUMBER
EMPLOYEE HAS SERVED IN HHS SINCE DATE:	OFFICIAL TOUR OF DUTY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME ► HOURS: (IF PART TIME, REGULARLY SCHEDULED HOURS PER PAY PERIOD)	

2) ORIGINAL RETENTION ALLOWANCE INFORMATION AND JUSTIFICATION		
<small>(AS OF THE EFFECTIVE DATE OF THE ORIGINAL ALLOWANCE)</small>		
ORIGINAL ALLOWANCE EFFECTIVE DATE	EXPIRATION DATE	RETENTION ALLOWANCE AUTHORIZED % = \$
ANNUAL BASE SALARY \$	OTHER CONTINUING PAY \$	TOTAL COMPENSATION \$
CONDITIONS FOR APPROVAL OF RETENTION ALLOWANCE 1. There is an essential need for the employee's services; 2. The employee is likely to leave Federal service if the retention allowance is not paid; 3. The employee's departure would hamper a crucial function of mission; and 4. 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.		
THESE CONDITIONS WERE EVIDENCED IN THE ORIGINAL RETENTION ALLOWANCE DOCUMENTATION AS FOLLOWS		
FOR RECRUITMENT BONUS ONLY WILL ABOVE-THE-MINIMUM RATE ALSO BE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

3) CERTIFICATION AND APPROVAL OF RETENTION ALLOWANCE RENEWAL		
<small>(NOTE: ANY CHANGES TO THE CONDITION 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.)</small>		
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>(Current evidences of continued need, e.g., employment offers, labor market surveys, etc., should be attached if available.)</i>	CURRENT ANNUAL BASE SALARY	\$
	RETENTION ALLOWANCE RENEWAL AMOUNT	\$
	OTHER CONTINUING PAY	\$
	TOTAL COMPENSATION*	\$
	<small>* BASE + OTHER CONTINUING PAY + ALLOWANCES (Total cannot exceed EX-1)</small>	
RECOMMENDING OFFICIAL (PRINT NAME AND TITLE)	SIGNATURE	
	DATE	
APPROVING OFFICIAL (PRINT NAME AND TITLE)	SIGNATURE	
	DATE	

4) EFFECTIVE DATE <small>(ALL CONTACTS MUST BEGIN ON THE FIRST DAY OF A PAY PERIOD AND END ON THE LAST DAY OF A PAY PERIOD.)</small>	
THIS AGREEMENT IS EFFECTIVE ON	AND EXPIRES ON

5) FUNDS AVAILABILITY AND HUMAN RESOURCES REVIEW	
FINANCIAL OFFICIAL (PRINT NAME AND TITLE)	SIGNATURE <input type="checkbox"/> FUNDS AVAILABLE DATE
I CERTIFY THAT THE INFORMATION ENTERED ON THIS FORM IS ACCURATE AND THAT THE PROPOSED ALLOWANCE IS IN COMPLIANCE WITH MANDATORY AND REGULATORY REQUIREMENTS.	
HUMAN RESOURCES OFFICIAL (PRINT NAME AND TITLE)	SIGNATURE DATE

**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 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 there from, may also be used within DHHS for study purposes, such as projection of staffing needs, and/or creation of non-identifiable 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 or systems of 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.