MEMORANDUM

Human Resources Solutions Administration

To: Charles Hall, Jr., Acting Director, D.C. Department of Human Resources

From: Click here to enter sender’s title/name.

Date: Click here to enter a date.

Subject: Recruitment and Retention Incentive Request

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| **1. REQUEST INFO** | | | |
| **Employee’s Name**  Click or tap here to enter text. | **Employee ID**  Click or tap here to enter text. | | **Salary**  Click or tap here to enter text. |
| **Position (Job Title, Series, and Grade)**   Click or tap here to enter text. | **Duration**   12 months  24 months   Other - \_\_\_\_\_ months | | |
| **Appointment Type**  Click or tap here to enter text. | **Service Type**  Click or tap here to enter text. | | |
| **Agency Code**   Click or tap here to enter text. | **Agency Name**   Click or tap here to enter text. | | |
| **2. PURPOSE OF REQUEST** | | | |
| Hiring Bonus  Additional Income Allowance | | | |
| **3. AMOUNT** | | | |
| $ Click or tap here to enter text. ($ Click or tap here to enter text. Biweekly), qualifies as the **minimum amount necessary** to address the recruitment and retention problem, **not to exceed 15%** of the maximum rate payable for the grade for a Hiring Bonus or an Additional Income Allowance. | | | |
| **4. HARD TO FILL JUSTIFICATION** | | | |
| [Agency name or acronym] submitted justification memorandum that explains why a position should be designated as hard to fill. | | | |
| Justification Memorandum Attached  Justification Memorandum Not Attached | | | |
| **AGENCY ACKNOWLEDGEMENT** | | | |
| By signing below, I certify that the funding availability and request meet the criteria established in the District personnel regulations for the purpose, and duration specified. | | | |
|  | | | |
| **Agency Chief Financial Officer Signature** | | **Date** | |
|  | | | |
| **Agency Representative Signature** | | **Date** | |

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| **4. DCHR DETERMINATION** | |
| ☐ Approved  ☐ Disapproved | |
| **OCA WAIVER** | |
| [Agency name or acronym] received a waiver from the City Administrator, in accordance with City Administrator's Order No. 2016-1, to utilize the requested incentive and such waiver is attached to this form. | |
| Waiver Attached  Waiver Not Attached | |
| **EXPLANATION** | |
| Click or tap here to enter text. | |
|  | |
| **Assoc. Dir. HR Solutions Administration**  **Signature** | **Date** |