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**  |