U.S. DEPARTMENT OF AGRICULTURE

RECOMMENDATION AND APPROVAL OF

1. AGENCY NAME

2. AGENCY CODE

3. CASE NO.

4. EMPLOYING OFFICE CODE

5. NAME OF EMPLOYEE

6. SOCIAL SECURITY NO.

7. DUTY STATION CODES

8. POSITION TITLE

9. LOCATION (City, State)

10. PAY PLAN - SERIES/ GRADE/ STEP

11. ACCOUNTING CODE

12. SALARY

13. ORGANIZATION

14. EFFECTIVE DATE

15. MAIL CHECK TO/METHOD OF PAYMENT (If applicable):

16. EXPECTED DURATION OF ALLOWANCE (If applicable):

THE FOLLOWING INFORMATION MUST BE ATTACHED, FOR REVIEW BY THE RECOMMENDING AND APPROVING OFFICIALS FOR A RECRUITMENT / RELOCATION INCENTIVE: (See DPM Chapter 575 Subchapter 1-5b for Guidance)

- A written justification outlining the difficulty experienced or expected in filling the position if incentive is not used.

- The proposed recruitment / relocation amount, along with the rationale for the amount proposed.

THE FOLLOWING INFORMATION MUST BE ATTACHED, FOR REVIEW BY THE RECOMMENDING AND APPROVING OFFICIALS FOR A RETENTION INCENTIVE: (See DPM Chapter 575, Subchapter 2-5c for Guidance)

- A written determination that unusually high or unique qualifications of the employee or a special need of the agency

- A written determination that the employee is likely to leave the federal government in the absence of a retention incentive.

- A written description of the extent to which the employee’s departure would affect the agency.

18. RECOMMENDATION

RECOMMENDED AMOUNT

$ PERCENTAGE OF SALARY

SIGNATURE OF RECOMMENDING OFFICIAL

TITLE

DATE

19. APPROVAL

APPROVED AMOUNT

$ PERCENTAGE OF SALARY

SIGNATURE OF APPROVING OFFICIAL

TITLE

DATE

20. RECERTIFICATION (For Retention Incentives/Group Recruitment Incentives Only)

SIGNATURE OF RECOMMENDING OFFICIAL

TITLE

DATE

Comments / changes:

SIGNATURE OF APPROVING OFFICIAL

TITLE

DATE

Comments / changes

Form AD-1073 (4/10)