

**Department of Commerce (DOC)
Relocation Incentive Service Agreement**

Employee Name: _____

Position: _____

Pay Plan/Series/Grade or Band: _____

Bureau/Organization/Duty Station: _____

Required service period (not less than 6 months and may not exceed 4 years):

Commencement date: _____ Termination Date: _____

Amount of Incentive (percentage of salary): _____

Method and Timing of Payments:

a. Lump Sum: _____

b. Installments by pay period: _____

c. Final Lump Sum: _____

d. Combination of the above: _____

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

1. I understand that the agency may terminate the relocation 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, or if I am assigned to a different position (if the different position is not within the terms of the service agreement). If the relocation incentive service agreement is terminated for the reasons listed above, I understand that I am entitled to retain relocation incentive payments previously paid that are attributable to the completed portion of the service period and any portion of a payment received or owed that is attributable to uncompleted service.
2. I understand that the agency must terminate the relocation 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, or otherwise fail to fulfill the terms of the service agreement. If the relocation incentive service agreement is terminated for the reasons listed above, I understand that I am entitled to retain all relocation incentive payments that are attributable to completed service but I must repay any portion of the incentive attributable to uncompleted service. If I received less than the amount that would be attributable to the completed portion of the service period, the agency is not obligated to pay the amount attributable to completed service. I also understand that if I received relocation incentive payments in excess of the amount that would be attributable to the completed portion of service period, I will be indebted to the and must repay the excess amount.

3. 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.