

**NATIONAL INSTITUTES OF HEALTH
RECRUITMENT INCENTIVE SERVICE AGREEMENT**

Name (Type/Print First, Middle, Last) _____

In consideration of payment of the incentive for which I qualify under the policies of the National Institutes of Health, Department of Health and Human Services, I hereby agree:

1. To serve in (IC Division, Program, Branch, etc.) _____, (IC) _____, NIH for _____ months in _____
(Official Position/Professional Designation, pay plan and series)
2. That the amount of the incentive payable to me shall be determined by the Director, NIH or his/her designee as prescribed by the NIH plan for payment of such incentives. The incentive payable under this agreement is _____% of my basic pay (currently \$_____).
3. That acceptance of this agreement does not alter the conditions or terms of my employment.
4. That payment of this incentive is based solely on the position to which I am assigned and is not associated with my performance and/or conduct. Accordingly, this agreement will not preclude nor limit the National Institutes of Health from effecting personnel actions as may be appropriate.
5. (a) That in the event I voluntarily or because of misconduct, fail to complete the period of service in the position for which I am to receive the incentive, I will refund the incentive pay I have received, except for the prorated amount the NIH determines I am entitled to based on my length of service.

(b) It is further agreed that any amount which I am obligated to refund will be a debt due to the United States which I hereby agree to pay in full as directed by the Department of Health and Human Services.
6. (a) That the effective date of this agreement and incentive payment pursuant to this agreement will normally be made on the first day of the pay period after the agreement is signed and notarized, but not earlier than the date of the appointment. This agreement is effective on _____ (Month/Day/Year).

(b) In unusual circumstances, an agreement may be effective at a later date agreed upon by the employee and the NIH. This agreement will be effective on _____ (Month/Day/Year).
7. That NIH policy is incorporated into and made a part of this agreement and I have read this policy.

I AGREE TO THE TERMS OF THIS CONTRACT

Signature _____

Name (Print/Type) _____

Date _____

NOTARIZATION

Subscribed and sworn before me this _____ day of _____, A.D. 20____, at _____
(City and State)

(Signature of Notary)

(Date Commission Expires)

REVIEWS AND APPROVALS

a. IC Recommending Official's Signature	Title	Date
b. NIH Recommending Official's Signature (if required)	Title	Date
c. Approving Official's Signature	Title	Date
d. Funds are Available (Signature)	Title	Date
e. I certify that the information entered on this form is accurate and that the proposed incentive is in compliance with statutory and regulatory requirements.	Personnel Official's Signature & Title	Date