



National
Aeronautics and
Space
Administration

Statement of Understanding Retention Bonus / Allowance

(NPR 3530.1, NASA Pay and Compensation Policy)

EMPLOYEE NAME	EFFECTIVE DATE
POSITION TITLE, SERIES, GRADE, AND POSITION DESCRIPTION NUMBER FOR WHICH BONUS/INCENTIVE APPROVED	
CENTER, ORGANIZATION, AND DUTY LOCATION (CITY AND STATE)	
<p>1. I understand that I have been approved to receive a retention bonus/incentive _____ % of my annual rate of basic pay as of the effective date of this agreement. This bonus/incentive is:</p> <p><input type="checkbox"/> Being paid under the provisions of title 5 United States Code §5754, and includes comparability (locality) pay in establishing the amount.</p> <p><input type="checkbox"/> Being paid based on my occupancy of a non-critical need position under the provisions of title 5 United States Code §9805 (NASA Flexibility Act of 2004) and <u>excludes</u> comparability (locality) pay in establishing the amount.</p> <p><input type="checkbox"/> Being paid based on my occupancy of a critical need position under the provisions of title 5 United States Code §9805 (NASA Flexibility Act of 2004) and includes comparability (locality) pay in establishing the amount.</p> <p>2. I understand that the full percentage of the incentive will be paid in biweekly installments together with my salary. The percentage will remain constant, unless formally reevaluated.</p> <p>3. I understand that the retention bonus/incentive payments are contingent on my remaining in the position described above. If I move to another position in the Agency, the payments will cease unless a new determination is made that they are appropriate for the position to which I have moved.</p> <p>4. I understand that the retention bonus/incentive payments must be terminated if I am demoted or separated from employment for cause on charges of misconduct or delinquency, if I am reassigned to another position, or if I receive a rating of record of less than "Fully Successful" (Level 3) or equivalent.</p> <p>5. I understand that the retention bonus/incentive will be reviewed at least annually to ensure that it is still warranted and continues to meet the Agency's needs. Payment may be terminated, or the percentage of payment may be adjusted at any time the Agency determines.</p> <p>6. I understand that if the retention bonus/incentive is reduced or terminated, the Agency will notify me in writing. I also understand that I will be entitled to the bonus/incentive through the end of the pay period in which the written notice is provided.</p> <p>7. Additional terms and conditions, if any:</p>	

I have read and understand the terms and conditions of this agreement, and have been offered an opportunity to ask questions about this agreement.

In accepting a retention incentive, I agree to the terms and conditions of this agreement.

(Typed or Printed Name of Employee)

(Signature of Employee)

(Date)

(Typed or Printed Name of Human Resources Office Representative)

(Signature of Human Resources Office Representative)

(Date)