

**RECRUITMENT/RELOCATION/RETENTION BONUS  
SERVICE AGREEMENT**

Federal Employees Pay Comparability Act of 1990  
(5 USC 5753)

Name: (Print or Type) **FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_ **LAST** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

In consideration of payments of the bonus for which I qualify under the Federal Employees Pay Comparability Act of 1990 (5 USC 5753) as implemented by the regulations of the U.S. Office of Personnel Management (5 CFR, Part 575), the policies of the Department of the Navy, and the Human Resources Division JAX, I hereby agree:

To serve in \_\_\_\_\_ **DON** for \_\_\_\_\_ year(s) in the  
(Activity)

position of \_\_\_\_\_  
(specify position title, series and grade)

That the amount of bonus payable to me shall be determined as prescribed by the applicable activity plan for payment of such bonuses. The bonus payable under this agreement is \$ \_\_\_\_\_.

That acceptance of this agreement does not alter the conditions or terms of my employment

That payment of this bonus 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 \_\_\_\_\_ from effecting personnel actions as may be appropriate.  
(Activity)

That in the event I voluntarily, or because of misconduct, fail to complete the period of service in the position for which I am receiving the bonus, I will refund an amount of the bonus I have received as prescribed by the Activity policy or instruction, unless in accordance with prescribed regulations, it is determined that my failure to complete my agreed period of service is due to circumstances which are beyond my control.

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 the Navy.

That the effective date of this agreement and bonus payment pursuant to this agreement will normally be made on the first day of the pay period after the agreement is signed and witnessed, but not earlier than the date of the appointment. This agreement will be effective on \_\_\_\_\_.  
(date)

In unusual circumstances, an agreement may be effected at a later date agreed upon by the employee and the employee's agent. This agreement will be effective on \_\_\_\_\_.  
(date)

**I agree to the terms of this agreement**

Signature: \_\_\_\_\_  
Name (Print or Type): \_\_\_\_\_  
Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**WITNESS**

Signature: \_\_\_\_\_  
Name (Print or Type): \_\_\_\_\_  
Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_