

# STATEMENT OF ENTITLEMENT TO RETENTION INCENTIVE

For use of this form, see AR 601-280, the proponent agency is DCS, G-1.

## PRIVACY ACT STATEMENT

- AUTHORITY:** 37 U.S.C. 331, General bonus authority for enlisted members, and AR 601-280, Army Retention Program.
- PRINCIPAL PURPOSE:** To explain the conditions under which continued entitlement of the incentive may be terminated and earned portion of advanced incentive payments recouped. For additional information see the System of Records Notice A0600-8-104 AHRC APS <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf>.  
A0601-280b AHRC SRB <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570079/0601-280b-ahrc>.
- ROUTINE USES:** There are no specific routine uses anticipated for this form; however, it may be subjected to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.
- DISCLOSURE:** Voluntary. However, failure to furnish information requested may result in denial of retention incentive in the Army.

## AGREEMENT

1. NAME (Last, First, MI, Rank)		2. DoDID	
3. ORGANIZATION/UNIT		4. Retention Control Number (RCN)	
5. I understand that I am receiving a retention incentive in return for my continued service in the following MOS/Skill: _____ per _____ (applicable MILPER/Policy message)			
6. I agree to accept an incentive in the amount of \$ _____ (base amount of \$ _____ and a plus amount of \$ _____) for Additional Obligated Service (AOS) from _____ to _____. <i>bonus obligation start date</i> <i>bonus obligation end date</i>			
7. A lump sum payment shall be paid when qualified in the listed MOS/Skill in accordance with the listed MILPER/Policy message, and an RCN has been provided by HRC.			
8. I understand the incentive payment will be subject to income tax withholdings in accordance with DOD 7000.14-R, Financial Management Regulation, Vol. 7A.			
9. I further understand that a portion of my incentive may be allocated to my Thrift Savings Plan (TSP), based on my current TSP elections.			
10. The incentive program is a voluntary retention program. Unless a waiver is granted, I will not be released from active duty before fulfilling the term of continuous active duty agreed to in paragraph 6 above, even if that obligation will extend me beyond 20 years of active federal service.			
11. The effective date of the entitlement is the date of the (select the appropriate form): <input type="checkbox"/> DD Form 4 (Reenlistment) <input type="checkbox"/> DA Form 1695 (Extension) <input type="checkbox"/> DA Form 3340 (Request)			
12. I understand that I must remain technically qualified in MOS/Skill identified above. I understand that I will be considered NOT technically qualified when I am no longer classified in that MOS/Skill, or because I voluntarily, or because of my misconduct, am precluded from performing my current or future assignment in that MOS/Skill. These actions may include, but are not limited to the following: a. Refusal to perform certain duties which I volunteered for, and are required for the effective performance in the MOS/Skill. b. Disciplinary action taken against me under UCMJ or civil court conviction, which disqualifies me for future performance in the MOS/Skill. c. Being selected for the Qualitative Management Program (QMP), and subsequent separation from service (voluntarily or involuntarily) makes me subject to recoupment of the unearned portion of my incentive. d. My own misconduct causes injury, illness, or some other condition that interferes with effective performance in the MOS/Skill. e. Withdrawal of the minimal security clearance, loss of qualification under the Personnel Reliability Program (PRP), or loss of any other mandatory qualification required for effective performance in the MOS/Skill. f. I understand that I am required to remain world-wide deployable in accordance with Department of Defense Instruction (DoDI) 1332.45 (Retention Determinations for Non-deployable Service Members).			
13. A discharge due to bankruptcy under Title 11, U.S.C. that is entered less than 5 years after the termination of this agreement does not discharge me from a debt arising from this agreement.			
14. Failure to complete the service requirement may result in the termination of this agreement, and repayment of any unearned portion of the incentive payment on a pro rata basis, unless the failure to complete the period of active duty specified in the agreement is due to: a. Death, illness, injury, or other physical impairment that is not the result of my misconduct or willful neglect, or is the result of any other circumstance determined to be reasonably beyond my control and not incurred during a period of unauthorized absence; or b. Separation from the military service by operation of law or regulation of DoD or the Army, when waiver for recoupment has been approved by the Secretary of the Army, or the delegated authority.			
15. PRINT NAME/RANK OF CAREER COUNSELOR		16. UNIT (Unit, Installation, State, ZIP Code)	
17. DoDID			
18. SIGNATURE OF RECIPIENT	19. DATE (YYYYMMDD)	20. SIGNATURE OF CAREER COUNSELOR	21. DATE (YYYYMMDD)