SAMPLE INCENTIVE PAY (IP) REQUEST

7220

Date

From: LCDR John L. Doe, MC, USN

To: BUMED, Director, Total Force

Via: Commanding Officer, USS EVERSAIL (CV-35)

Subj: ACTIVE DUTY REQUEST/AGREEMENT FOR HEALTH PROFESSIONS

OFFICER INCENTIVE PAY (IP)

Ref: (a) OPNAVINST 7220.17A

(b) NAVADMIN (current FY)

1. Under references (a) and (b), I hereby agree to remain on continuous active duty for a period of not less than one year from \_\_\_\_ .

2. Conditions of the agreement. I understand that:

a. The minimum one year of continuous active duty that I agree to serve, shall commence on .

b. Incentive Pay (IP) in the annual amount of $\_\_\_\_\_\_\_\_\_\_\_\_ with an effective date of , will be paid monthly, and may not be paid before approval of this agreement by Chief, BUMED. The specialty for which this IP is requested is \_\_\_\_\_\_\_\_ .

c. This agreement may be terminated by the Chief, BUMED for any reason enumerated in reference (a).

d. In the event of termination, I shall repay unearned special pay on a pro rata basis following guidance provided in reference (a) for recoupment of IP.

e. Termination of IP does not, in itself, relieve me of my obligation to complete statutory and educational service requirements.

3. Unit POC \_\_\_\_\_\_, e-mail \_\_\_\_\_\_, and telephone number \_\_\_\_\_\_.

J. L. DOE