SAMPLE MEMBER REQUEST FOR RETROACTIVE IP

 7220

 Date

From: LCDR John L. Doe, MC, USN

To: BUMED, Director, Total Force

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

Subj: REQUEST FOR RETROACTIVE APPROVAL OF ACTIVE DUTY AGREEMENT

 FOR HEALTH PROFESSIONS OFFICER INCENTIVE PAY (IP)

Ref: (a) OPNAVINST 7220.17A

 (b) NAVADMIN (current FY)

1. Under references (a) and (b), I request retroactive approval of Incentive Pay (IP) and agree to remain on active duty for a continuous minimum period of one year from .

2. Conditions of agreement. I understand that:

 a. The one year of continuous active duty that I request to serve shall begin on .

 b. I request IP in the annual amount of $ , and will be paid monthly with an effective date of\_\_\_\_\_\_. I understand there is no guarantee this request shall be approved by the Chief, BUMED unless the justification demonstrates that the delay was clearly unavoidable and not due to my own personal decisions or failure to request IP on time. 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 per reference (a).

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

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

 J. L. DOE