SAMPLE MEMBER REQUEST FOR TERMINATION AND RENEGOTIATION OF AN EXISTING IP AGREEMENT

 7220

 Date

From: LCDR John L. Doe, MC, USN

To: BUMED, Director, Total Force

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

Subj: REQUEST FOR TERMINATION AND RENEGOTIATION OF ACTIVE DUTY

 AGREEMENT FOR HEALTH PROFESSIONS OFFICER INCENTIVE PAY (IP)

Ref: (a) OPNAVINST 7220.17A

 (b) NAVADMIN (current FY)

1. I hereby apply for Health Professions Officer Incentive Pay (HPO IP) effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_ per references (a) and (b). My current contract dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_shall be terminated as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I shall repay the unearned portion of this contract incident to award of HPO IP for the new contract.

2. Condition of the agreement. I understand that:

 a. The minimum one year of continuous active duty that I agree to serve shall be effective on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 b. HPO IP in the annual amount of $\_\_\_\_\_\_\_\_ , will be paid monthly for the specialty of \_\_\_\_\_\_\_\_\_\_\_\_\_ and with an effective date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, may not be paid before approval of this agreement by Chief, BUMED.

 c. Chief, BUMED may terminate this agreement for any reason enumerated in reference (a).

 d. In the event of termination, I must repay unearned HPO IP on a pro rata basis per reference (a).

 e. Termination of HPO 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