SAMPLE MEMBER REQUEST FOR TERMINATION AND RENEGOTIATION OF AN EXISTING AGREEMENT

7220

Date

From: LCDR John L. Doe, MC, USN

To: BUMED, Director, Total Force

Via: Commanding Officer, Naval Hospital, Camp Lejeune

Subj: REQUEST FOR TERMINATION AND RENEGOTIATION OF ACTIVE DUTY

AGREEMENT FOR HEALTH PROFESSIONS OFFICER RETENTION

BONUS/INCENTIVE PAY (RB/IP)

Ref: (a) OPNAVINST 7220.17A

(b) NAVADMIN (current FY)

1. I hereby apply for Retention Bonus and Incentive Pay (RB/IP) effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_, for specialty of \_\_\_\_\_\_\_\_\_\_\_\_ per references (a) and (b). As part of this application, I request my current Multiyear Pay (MP) or Retention Bonus (RB) and Incentive Pay (IP) be terminated as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_. I shall repay the unearned portion of the (MP) or (RB/IP) contract if this application is approved.

2. If my application for RB/IP is approved, I agree to not tender a resignation or request release from active duty that would become effective during this RB/IP service obligation. This obligation shall be for a period of \_\_ years beyond any existing active military service obligation for education or training I currently have. This obligation entitles me to Retention Bonus (RB) of $\_\_\_\_\_\_\_\_\_ and Incentive Pay (IP) of $\_\_\_\_\_\_\_ per year for \_\_ years as a “Specialty Requesting For”.

3. I understand and agree to be bound by the provisions of this agreement and references (a) and (b) relating to termination of payments to be made under this agreement, termination of this service obligation and the circumstances under which recoupment of sums paid by the Government may be required. Specifically, I understand that per references (a) and (e), Chief, BUMED may terminate my entitlement to RB/IP at any time. Reasons for termination include, but are not limited to loss of privileges, Courts Martial convictions, violations of the Uniform Code of

Military Justice, failure to meet or maintain eligibility requirements, or for reasons of that are in the best interest of the Navy.

4. I understand that BUMED, Director, Total Force shall validate my eligibility for RB/IP. If it is determined that I do not meet the eligibility requirements, this application shall be returned with no action taken and I may reapply at a later date if eligibility changes.

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5. I understand that BUMED, Director, Total Force shall validate the total amount of RB/IP for which I am eligible and determine my RB/IP service obligation. If it is determined that the amount of RB/IP due or the RB/IP service obligation differs from that which I calculated, I (shall/shall not) accept the determination of BUMED, Director, Total Force. If I do not accept such determination, I shall notify BUMED, Director, Total Force in writing within ten days of receipt. My application shall be returned with no action taken, and I will be free to reapply at a later date.

6. I understand that the contract I am requesting is binding by me upon my acceptance of the approved agreement and receipt of the first payment. The fiscal year this RB/IP contract is effective shall determine my Incentive Pay (IP) dollar amount for the duration of the RB/IP contract.

7. The following information is provided and certified to be true and accurate.

Most Recent Training Completion Date: YYMMDD

Specialty for which request is made: YYMMDD

Obligated Service Date for Education or Training: YYMMDD

Name of Special Pay Coordinator:

Telephone Number for Special Pay Coordinator:

E-mail address for Special Pay Coordinator:

Unit Identification Code (UIC):

J. L. DOE