

HIRING INCENTIVE PAYMENT AUTHORIZATION (PILOT PROCESS)

Use this form to obtain employee understanding for hiring incentive payments in accordance with the Hiring Incentive Payment Program guiding document.

Departments must initiate all hiring incentive payments through the Request One-Time Payment business process in Workday.

Employee Last Name:		First Name:	
Department		Employee ID:	
Start Date:	Repayment Term End:	Manager:	
Business Title:	Recruitment Incentive Payment Amount: \$	Starting Salary: \$	FTE: %
Job Profile:	Job Profile Name:		
<input type="checkbox"/> I understand that my offer of employment included a hiring incentive payment (signing bonus) in the amount listed above. This hiring incentive will be paid on the second paycheck after I have been working six (6) months from my hire date. If I separate from employment prior to six (6) months of my hire date, I understand that my hiring incentive will be canceled.			
<input type="checkbox"/> I understand that acceptance of this offer may have tax implications for me, and necessary payroll deductions will be taken from the hiring incentive payment.			
<input type="checkbox"/> I have been provided with and reviewed the Hiring Incentive Payment Program guiding document.			
Employee Signature:		Date:	
Department Approval Signature:		Date:	
Department Approval Signature:		Date:	

Cc: HRS Personnel File