



**HIRING INCENTIVE PAYMENT ATTESTATION**

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. This completed form must be attached to the Workday action(s).

Employee Last Name:		Employee First Name:	
Department:		Employee ID:	
Start Date:	Repayment Term End:	Manager:	
Business Title:	Hiring 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 in the same department into which I was hired. Management requested reclassification will not impact hiring incentive payment. If I separate from employment prior to six (6) months of my hire date, my hiring incentive will be cancelled and not paid. If I transfer to another department, the Appointing Authority has the discretion to cancel this hiring incentive.			
<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 Handout.			
Employee Signature:		Date:	
Hiring Manager Signature:		Date:	
Appointing Authority Approval Signature:		Date:	

Cc: HRS Employment Services  
HRS Personnel File