 WASHINGTON STATE UNIVERSITY

RECRUITMENT INCENTIVE REQUEST FORM

Use this form to obtain approval to offer a hiring incentive and/or referral payment for Civil Service and Administrative Professional recruitments. Please refer to Hiring Incentive Payment Program and/or Referral Payment Program handouts for process overviews.

Units considering offering a recruitment incentive for open positions must submit a request to Human Resource Services (hrs@wsu.edu) using this form. The request must be signed by the unit's Appointing Authority to approve such payment(s).

Department:	☐ Initial Request ☐ Addition of job profiles

Incentive(s) Requested:
☐ **Hiring Incentive Only**

☐ **Referral Payment Only**

☐ **Both Hiring Incentive and Referral Payment**

Statement of reasons for requesting an incentive:

Type of funds the incentive(s) will be paid from:

Other considerations:

Job Profile #	Job Profile Name	Proposed Incentive Amount	# of Open Positions	# of Open Requisitions

☐ **I have reviewed the Hiring Incentive Payment Program and/or Referral Payment Program handout(s) and agree to monitor the successful completion of conditions of offer and payment process.**

☐ **I assume responsibility for ensuring compliance with the hiring incentive and referral payment program policy including:**
- Posting the availability of specific recruitment incentive(s) on the notice of vacancy.
- Collecting department approvals.
- Collecting the employee's recruitment incentive attestation form, forwarding copies as appropriate, and attaching in one-time payment Workday process.
- Coordinating the one-time hiring incentive payment to occur after the completion of six (6) months after the original hiring date in the same department. Management requested reclassification will not impact hiring incentive or referral payment. The Appointing Authority has the discretion to cancel the hiring incentive and/or referral payment(s) if the hired employee leaves the department prior to the completion of six (6) months of employment.

Hiring Manager Signature

Signature: _____   Date: _____

Print Name: _____

Appointing Authority Approval

Signature: _____   Date:_____

Print Name: _____

Human Resource Services Acknowledgement

Signature: _____   Date:_____

Print Name: _____