



FLORIDA STATE UNIVERSITY
 OFFICE OF HUMAN RESOURCES
 A6200 University Center
 Tallahassee, FL 32306-2410
 Phone: (850) 644-6034
 Fax: (850) 645-4670
 Email: hr@fsu.edu

Date

Address

Dear:

This letter will confirm the understanding between you and Florida State University on the terms of your sign-on employment bonus. The bonus shall be payable according to the following conditions:

- You are being offered employment as a _____ [job title] within the department of _____. This position has been designated as eligible for a sign-on bonus of \$_____.
- You have successfully completed all pre-employment requirements and will begin work on_____.
- Payment for the above amount will be made to you within the first 30 days of your employment.
- This payment represents compensation and, therefore, the University will withhold from the gross amount all taxes and other appropriate deductions that it would normally withhold from your earnings.
- It is expected that you will maintain satisfactory or above performance reviews and be responsible for meeting the following key objectives of this position.
 - 1.
 - 2.
 - 3.
- It is expected that you maintain your employment with the hiring department for no less than 1 year in continuous pay status, beginning your initial date of employment. If you voluntarily terminate your employment with the department of _____ before 6 months, the full amount of this sign-on bonus will be returned to the University prior to termination date. Voluntary termination after 6 months and prior to 1 year employment will require a prorated amount be returned to the University. (7 months = 80% returned, 8 months = 60% returned, 9 months = 40% returned, 10 months = 20% returned, 11 months = 10% returned)

 Signature acknowledges Employee's Acceptance
 Of the Above Terms and Conditions

 Date

 Employee ID

 Department Head

 Date

 Vice President

 Date

 Budget Authority/Contract & Grants

 Date

 Associate Vice President, Human Resources

 Date