



Human Resources

282 Champions Way
PO Box 3062410
Tallahassee, FL 32306-2410
Phone: 850-644-6034
Fax: 850-645-4670

Date _____

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 _____, with a contract salary 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.
 - _____
 - _____
 - _____

It is expected that you maintain your employment with the hiring department for no less than your contracted year in continuous pay status, beginning your initial date of employment. If you voluntarily terminate your employment with the department 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 before 1 year of employment (one academic year for 9- and 10-month faculty) will require 50% to be returned to the University.

Department Head

Date

Vice President

Date

Budget Authority/Contract & Grants

Date

Funding Source

Associate Vice President, Human Resources

Date

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

Date

Employee ID