

Employee ID

Human Resources

282 Champions Way PO Box 3062410 Tallahassee, FL 32306-2410

Phone: 850-644-6034 Fax: 850-645-4670

Dear _		,	
	etter will confirm the understanding between you and yment bonus. The bonus shall be payable according		ms of your sign-on
•	You are being offered employment as a (job title) _		, within the
	You are being offered employment as a (job title) _ department of \$ This position has been designated	as eligible for a sign-on bonus of	_, with a contract salary of \$
•	You have successfully completed all pre-employments	ent requirements and will begin w	ork on
•	Payment for the above amount will be made to you	within the first 30 days of your er	mployment.
•	This payment represents compensation and, there and other appropriate deductions that it would norr		
•	It is expected that you will maintain satisfactory or following key objectives of this position. •		pe responsible for meeting the
conting the de termin	spected that you maintain your employment with the house pay status, beginning your initial date of employ partment before 6 months, the full amount of this signation date. Voluntary termination after 6 months and onth faculty) will require 50% to be returned to the Un	ment. If you voluntarily terminate n-on bonus will be returned to the before 1 year of employment (one	e your employment with University prior to
Department Head		Date	
Vice President			
		Date	
Budge	et Authority/Contract & Grants	Date Date	
	et Authority/Contract & Grants ing Source		
Fundir	· 		