**Retention Bonus Agreement**

This form outlines the employee service agreement for receipt of a retention bonus.

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| Employee Name: | Click or tap here to enter text. |
| Employee ID #: | Click or tap here to enter text. |
| Department Name: | Click or tap here to enter text. |
| Department ID: | Click or tap here to enter text. |
| Department Manager: | Click or tap here to enter text. |

I, Click or tap here to enter text., understand that in order for me to be paid a Retention Bonus, I agree to stay on the job with Click or tap here to enter text. for the twelve month period beginning Click or tap to enter a date., and ending Click or tap to enter a date.. *(Begin and end dates should coincide with payroll begin and end dates).*

The retention payment will be in the amount of $Click or tap here to enter text., less applicable withholdings and deductions.

***The retention payment will be paid to me within sixty (60) days of date of signing of this agreement.***

***OR***

***The retention payment will be paid to me in four quarterly payments with the first payment paid to me within sixty (60) days of date of signing of this agreement. Subsequent payments will be paid every ninety (90) days.***

I understand that in the event of my voluntary termination of my employment, I will be required to repay a pro-rated amount of the retention payment for each month not served in the twelve month period stipulated.

I understand the receipt of a retention bonus does not give any rights to a continued employment relationship.

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| Date | Click or tap to enter a date. | Employee  Signature |  |