

RELOCATION INCENTIVE AGREEMENT

Name: _____ LSU ID Number: _____

Department: _____ Title: _____

Position Number: _____ Account Number: _____

Start Date: _____ Relocation Incentive Amount: \$ _____

In accepting this relocation incentive payment I, _____, agree
(Employee Name)

to repay the relocation incentive if I do not continue employment with the University for the term of my contract OR for at least two (2) years (whichever is lesser). Additionally, I authorize LSU to deduct the repayment amount from my pay. The repayment amount for reimbursing the

University is based on the following schedule:

<ul style="list-style-type: none"> Employed less than six months (or less than one semester for employees on Academic pay basis) 	Return 100% of relocation incentive
<ul style="list-style-type: none"> Employed at least six months but less than one year (or at least one semester but less than one academic year for employees on Academic pay basis) 	Return 75% of relocation incentive
<ul style="list-style-type: none"> Employed at least one year but less than two years (or at least two semesters but less than two academic years for employees on Academic pay basis) 	Return 50% of relocation incentive

Employee must complete the attached Direct Deposit form in order to receive the payment. Relocation incentive payments are considered taxable income and are subject to federal, state, and Medicare tax withholding.

Payment Options: (Select one option)

☐ I elect to receive the relocation incentive payment **in full** at this time. I understand the relocation incentive will be included as taxable income on my first regular paycheck and the appropriate taxes will be withheld, resulting in a higher tax withholding.

☐ I elect to receive a partial payment of **70%** of the relocation incentive at this time. I understand the relocation incentive will be included as taxable income on my first regular paycheck and the appropriate taxes will be withheld, resulting in a higher tax withholding. The remaining 30% of the relocation incentive will be used to cover the required taxes and any balance due will be included on my first regular paycheck.

Employee Signature: _____ Date: _____

Department Head: _____ Date: _____

Dean: _____ Date: _____

HRM: _____ Date: _____

Vice Chancellor [if required]: _____ Date: _____