

Recruitment Incentive Payment Request Form (Campus)

Use this form to obtain approval for a Recruitment Incentive Payment Program for campus staff under the UWHR Rec

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		tive Program Policy.		z r dymene r rogre	annor campus stan under the <u>owni</u>		
<u>wphr</u> :horit	@uw.edu)	using this template.	The request must be	signed by the un	s must submit a request to UWHR it's administrative official with delega vice president, or medical center CEO		
1.	Major Organization:						
2.	Is this an initial request or are you adding job profiles to an existing program?						
	a.	Initial request	Addition of job profi	les			
3.	Proposed	program duration:					
4.	Unit Prog	ram Review Period:	Quarterly	Biannually	Annually		
5.	Statement of reasons (e.g., difficulty to fill, education and training required for the job classification) for requesting a Recruitment Incentive Program:						
6.	Market/Co	ompetitor research:					
7.	Type of funds the incentives will be paid from:						
8.	Other cor	nsiderations:					

University of Washington | Human Resources

Revised: 10/16/2024

Sponsoring Unit: Total Talent Management

Contact: hr.uw.edu/contact-us

Job profile #	Job profile name	Proposed incentive amount	Repayment terms (up to 24 months)	# of open positions	# of open requisitions

Department responsibilities

I have reviewed the <u>UWHR Recruitment Incentive Program Policy</u> and agree to the repayment terms and
program monitoring.

- ☐ I assume responsibility for ensuring compliance with the recruitment incentive program policy including:
 - Collecting department approvals.
 - Collecting the employee's recruitment incentive repayment attestation that includes repayment conditions.
 - Coordinating the one-time recruitment incentive payment by the employee's second paycheck.
 - Monitoring the employee's completion of the payment terms requiring up to 24 months of continuous service.
 - Collecting the full amount of the incentive payment should an employee trigger repayment obligation.

Signatures

Major Org Administrative Official Signature:	Date:
VP of Human Resources Signature:	Date:
President:	Date:

If an accommodation is needed in the completion and submission of this form, please contact Total Talent Management.

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