

## RETENTION PAYMENT AUTHORIZATION AND REPAYMENT ATTESTATION (CAMPUS)

Use this form to obtain employee understanding for retention payments in accordance with the University's [Staff Retention Payment policy](#). Departments must initiate all retention payments through the Request One-Time Payment business process in Workday. Retention payments for project-based incentives (professional staff only) are future dated.

Employee Last Name:		First Name:	
Major Organization:			Employee ID:
Date of payment:	Repayment Term End:	Manager:	
Full-time Annualized Salary:	Retention Payment %:	Retention Payment Amount:	
Business Title:			FTE:      %
Job Profile:		Job Profile Name:	
Attestation for retention payments:		Attestation for project-based incentive payments (professional staff only)	
<input type="checkbox"/> I understand that the full amount of the retention payment must be repaid to the University if within one year of the date the retention payment is paid, I voluntarily terminate University employment, change jobs from the position or department, or engage in behavior that makes termination of employment necessary.		<input type="checkbox"/> I understand that the full amount of the retention payment is contingent upon completion of project deliverable(s): <a href="#">Click to add description of project deliverables</a>	
<input type="checkbox"/> I understand that the University of Washington can withhold the full or partial repayment of a retention incentive from my remaining final paychecks depending on availability of earnings to cover the repayment.		<input type="checkbox"/> I understand that the University of Washington can withhold the full or partial repayment of a retention incentive from my paycheck depending on availability of earnings to cover the repayment.	
<input type="checkbox"/> I understand that acceptance of a retention payment may have tax implications for me, and necessary payroll deductions will be taken from the retention payment.		<input type="checkbox"/> I understand that acceptance of a retention payment may have tax implications for me, and necessary payroll deductions will be taken from the retention payment.	
Employee Signature:		Date:	
Department Approval Signature:		Date:	
Department Approval Signature:		Date:	
Vice President for Human Resources Signature: (Greater than 10%)		Date:	