# Employee Retention Agreement Form (

Congratulations, we are pleased to offer you a retention payment. The Retention Lump Sum Program at UC Santa Barbara is intended to provide an incentive to eligible policy-covered (non-represented) career staff to remain in their position for a minimum of 12 months to minimize staff vacancies and ensure business continuity within a department when circumstances warrant. In exchange for the retention lump sum payment, you agree to remain in your current position in the same department for a minimum of 12 months.

| **TO BE COMPLETED BY THE DEPARTMENT** | | |
| --- | --- | --- |
| **DEPARTMENT** |  | |
| **REQUESTED FOR (EMPL NAME AND ID)** |  | |
| **JOB CODE and JOB TITLE** |  | |
| **POSITION #** |  | |
| **TOTAL DOLLAR AMOUNT OF RETENTION LUMP SUM PAYMENT** (This gross amount will be reduced by applicable tax withholdings and deductions) |  | |
| **12-MONTH SERVICE PERIOD FOR EMPLOYEE RETENTION (START DATE and END DATE)** |  | |
| **EXCEPTION FOR EMPLOYEE INITIATED TRANSFER WITHIN THE SAME DEPARTMENT**  ☐ YES ☐ NO Department head agrees to allow the employee to retain the lump sum payment in instances where the employee leaves their current position for a voluntary promotion or lateral transfer **within the same department**. | | |
| **PAYMENT SCHEDULE FOR RETENTION LUMP SUM PAYMENT**  ☐ Paid in a single payment in the next feasible payroll cycle.  ☐ Paid in two approximately equal installments; first payment at inception, 2nd payment at 6 months.  ☐ Paid in four approximately equal installments; first payment at inception, 2nd, 3rd and 4th payment at 3-month intervals.  ☐ Paid in 12 approximately equal installments for monthly paid employees or 26 approximately equal installments for biweekly paid employees.  ☐ Other: [Insert explanation]  Payments will be included in the regular paycheck. This retention payment is taxable and all applicable payroll taxes/deductions will be withheld. Retention lump sum payments are non-base building and are not considered to be compensation for University benefit purposes, including but not limited to the University of California Retirement Plan and employee life insurance programs. | | |
| **REPAYMENT ACKNOWLEDGEMENT**  In exchange for the retention lump sum payment, the employee agrees to remain in their current position in the same department for a minimum of the 12-month service period. (See Start Date and End Date included above). If the department head has checked YES in the Exception box above, the employee may retain the retention lump sum payment in the event of a voluntary promotion or lateral transfer **within the same department**. Otherwise, if the employee leaves their position (voluntarily or involuntarily) prior to the completion of the 12-month service period, it is understood that   * All future installment amounts are forfeited. * The employee will be required to repay a prorated amount for any portion of the retention lump payment paid in advance. The amount of repayment will be prorated based on the number of months completed in the 12-month service period. For example, if an employee departs four months after receiving a single lump sum payment, the employee would need to repay 66% of the lump sum payment. (8 remaining months / 12-month service period = 66% that must be repaid). * The employee will cooperate with the UCPath Center’s instructions for the collection of the amount owed. | | |
| **ADDITIONAL ACKNOWLEDGEMENTS**  Employee must be on pay status at the time the payment(s) is processed to receive the retention lump sum.  The receipt of a Retention Lump Sum payment does not give any additional rights to a continued employment relationship, outside of current University policies.  Retention lump sum payments are offered at the sole discretion of the University.  By signing this Retention Agreement, I acknowledge and agree to the stipulations contained in the campus Retention Lump Sum Program. | | |
|  | | |
| DEPARTMENT/UNIT HEAD OR DIRECTOR  [PRINT NAME]  SIGNATURE: | | DATE |
| DEAN OR ASSOCIATE/ASSISTANT VICE CHANCELLOR  [PRINT NAME]  SIGNATURE: | | DATE |
| EMPLOYEE  [PRINT NAME]  SIGNATURE: | | DATE |

The original completed Employee Retention Agreement Form with signatures should be retained in the employee’s personnel file.