

RETENTION PAYMENT AUTHORIZATION AND REPAYMENT ATTESTATION (FOR CAMPUS AND UW MEDICINE HEALTH SYSTEM (UWMHS))

Use this form to obtain employee understanding for retention payments in accordance with the University's [Staff Retention Payment policy](#). Please note, the continuous service obligation is 12 months for campus and 24 months for UW Medicine Health System, or the employee will risk repayment. Forms for campus employees should be retained by the department; completed forms for UWMHS employees should be sent to medcomp@uw.edu.

Employee Last Name:		First Name:	
Department Name:			Employee ID:
Date of Payment:	Continuous Service Obligation End Date:	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 the continuous service obligation period (12 months for campus, 24 months for UWMHS), I voluntarily terminate University employment, change jobs, positions, or departments, 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):
<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:	