

Sign-on Pay Incentive Application

Section I: Employee

Please place a checkmark next to the statements below, sign and date.

- | | | |
|--|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am a new state employee. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am a former state employee following a break in service from the State of Oklahoma of at least 180 days. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have previously received a sign-on bonus from any State of Oklahoma agency. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have previously received a sign-on bonus that has been repaid. |
| I understand and agree that if I voluntarily or involuntarily (other than through a reduction in force) leave state employment or accept employment with another state agency within one year after receiving the sign-on incentive, that the entire incentive, including tax withholdings on the incentive, will be repaid. | | |

Employee Name [Please Print]:

Employee Signature:

Date:

Section II: Facility/Unit Human Resources Management Specialist

Please place a checkmark next to each statement below, sign and date.

- | | | |
|------------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A full background investigation, which resulted in a recommendation to hire, has been completed on the employee named above.
Indicate which job position the employee is appointed to. |
| <input type="checkbox"/> RN | <input type="checkbox"/> LPN | |

Date of Appointment:

Signature:

Date:

Section III: Central H.R. Unit Human Resources Management Specialist

Please place a checkmark next to the statement below, sign and date.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | This application has been reviewed and meets the required criteria to be eligible for the sign-on incentive. |
|------------------------------|-----------------------------|--|

If no, list reason(s):

Signature:

Date:

Section IV: Central H.R. Payroll Representative

Please place a checkmark next to each statement below, sign and date.

- | | | |
|---|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | This employee _____ (NAME) was issued the first of two equal payments as a sign on incentive. |
| AMOUNT \$ _____ issued on _____ (DATE). | | |

Signature:

Date:

- | | | |
|---|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | This employee _____ (NAME) was issued the second of two equal payments as a sign on incentive. |
| AMOUNT \$ _____ issued on _____ (DATE). | | |

Signature:

Date: