



# Relocation Incentive Agreement

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Title \_\_\_\_\_

Department: \_\_\_\_\_ Start Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ HRM Pos'n #: \_\_\_\_\_

Relocation Incentive Amount: \$ \_\_\_\_\_

**In accepting this relocation incentive payment I, \_\_\_\_\_,**  
(employee name)

**agree to repay the relocation incentive if I do not continue employment with LSU, according to the following schedule:**

- Less than six months worked      Return of 100% of relocation incentive**
- Six months but less than one year      Return of 75% of relocation incentive**
- One year but less than two years      Return of 50% of relocation incentive**

**You must complete the attached direct deposit information for the Payroll Office (225) 578-3321. Relocation incentive payments are subject to federal, state, and Medicare tax withholding.**

**Payment Option: [Select one option]**

- I elect to receive the relocation incentive payment in full at this time and taxes will be withheld from my first regular paycheck resulting in a higher tax withholding on the first paycheck.**
- I elect to receive a partial payment of 70% of the relocation incentive and the required taxes will be withheld from my first regular paycheck. The remaining 30% of the relocation incentive will be used to cover the required taxes and any balance due to me will be included on my first regular paycheck.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Department Head \_\_\_\_\_ Date: \_\_\_\_\_

Dean \_\_\_\_\_ Date: \_\_\_\_\_

HRM \_\_\_\_\_ Date: \_\_\_\_\_

If required:

Vice Chancellor \_\_\_\_\_ Date: \_\_\_\_\_

EVC \_\_\_\_\_ Date: \_\_\_\_\_

