

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 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.
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/District 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: _____