

LOUISIANA STATE UNIVERSITY AGRICULTURAL CENTER

PS-36 - RELOCATION INCENTIVE AGREEMENT

Name: _____ **LSU ID Number:** _____
Department: _____ **Title:** _____
Position Number: _____ **Account Number:** _____
Start Date: _____ **Relocation Incentive Amount: \$** _____
Relocation from: _____ **to** _____

In accepting this relocation incentive payment, I, _____, agree to
Employee Name

Repay the relocation incentive if I do not continue employment with the LSU AgCenter for at least one year. Additionally, I authorize LSU AgCenter to deduct the repayment amount from my pay. The repayment amount for reimbursing the department is based on the following schedule:

| | |
|--|--|
| Employed with the LSU AgCenter less than one calendar year (or less than one academic year for employee on the academic appointment) | Return 50% of the relocation incentive |
|--|--|

Relocation incentive payments are considered taxable income and are subject to federal, state, and Medicare tax withholding.

| | |
|-----------------------------------|--------------------|
| Employee Signature: _____ | Date: _____ |
| Department Head: _____ | Date: _____ |
| HRM: _____ | Date: _____ |
| VP Ag [if required]: _____ | Date: _____ |