

Use this form for <u>all</u> items covered by <u>POL# 05.60.02</u>, University Employment Bonus Program

Requestor Inform	ation:			
Name		Job T	Title Title	
College/Divisio	n	Depa	artment	
Phone Number		E-ma	ail Address	
Date of Reques	t			
Fmnlovee Infor	mation (as applicable):			
Name:	nation (as applicable).			Employee ID:
	:		□ EHRA □ SHRA	
Retentio	For a specific job classification  For an individual position  Bonus: [EHRA or SHRA]  In parallel with a Sign-On Book In parallel with a Sign-On Book For an individual  Bonus [SHRA]	nus Program f	•	ssification
Department He	ad Approval			
Print Name:		_Signature:		Date:
Dean and Provo	est / Vice Chancellor Approval			
Print Name: Signat				Date:
Chancellor App	roval (if Board of Trustees appr	oval is NOT requ	uired)	
Print Name:Signatu				Date:
Chancellor Reco	ommendation (Board of Trustee	es approval IS re	equired for SAAO)	
Signature:				Date:
OHR USE ONLY (	notes)		oard of Trustees Action Approved Denied Pate:	



	SIGN-ON BONUS	
☐ Situation 1:	1: For a specific job classification  Provided to attract qualified candidates in job classifications critical to the mission of an institution that have labor mark impacting the business needs of the institution and impairing the delivery of essential services. To enhance its abili during labor market shortages, an institution may determine the need to offer competitive sign-on bonuses to candidat positions for a specific job classification within the institution, division, facility, or unit. The sign-on bonus may also be geographical area.	
Situation 2:	For an individual position  Provided to attract qualified candidates in a position that is critical to the mission of an institution in which the market competitive. Typically, the employee in the position will serve as the only individual in a role or will be one of two wi institution. Typically, a bonus would be used in this situation when an institution's inability to attract and hire a strong call would impact the business needs of the institution and impair the delivery of essential services.	ithin an
If "Yes	YES — Complete your response below NO — Proceed to the applicable bonus program form  s," complete this question:  otential equity issue is created, the university's proposed bonus must also contain a written plan approved by the University [Assistant Vice Chancellor for Human Resources] that addresses how the university will adjust similarly situated employeeing becomes available to address equity. Include this written plan below or acknowledge the creation of a plan below and attable.	s when
□ <b>Y</b>	tal funds available to support the requested bonus, and the office of financial planning and analysis has approved funding.  YES – insert fund number  NO – describe the plan to secure funding to support this request	



## SIGN-ON BONUS For a specific job classification

How long will the sign-on bonus be available?	
What will be the amount of the sign-on bonus?	
How will the payment be distributed? (One lump sum or installments, if installments how many and over what time period, not to exceed 12 months)	
What is the position classification/job title and level?	
I certify the sign-on bonus must be awarded at a flat rate for the job	classification.
☐ Yes	
I certify that the sign-on bonus must be consistently applied to all ne	w hires in the classification.
☐ Yes	
Please check one or more of the following reasons for requesting the	e bonus.
<ul> <li>Turnover rates are significantly higher than acceptable.</li> <li>Retention rates are significantly lower than acceptable.</li> <li>Vacancy rates are significantly higher than acceptable.</li> </ul>	
Explain in detail and/or attach supporting data (e.g.: quality of applica	ant pools, # of failed searches, declined offers, etc.)
Explain the steps taken to mitigate the recruitment or retention challe	enges (e.g.: targeted advertising, etc.)
Is the university seeking to provide a sign-on or retention bonus payo	out for a group of fifty (50) or more employees?
☐ YES – The University must obtain advance approval fro  The office of Human Resources will submit docum  NO – No advance approval from OSBM is required	m OSBM to confirm funds availability. mentation to UNC System Office Human Resources for routing to OSBM.



# SIGN-ON BONUS For an Individual position

TIME WIII DE LIN	e amount of the sign-	J., Johns,		
		1? (One lump sum or y and over what time p	period,	
Will the sign-on	bonus be limited to a	specific geographical	area?	
Complete the foll	lowing.			
First Name	Last Name	Employee ID	Position #	Job Title
Describe in detai	il the reason the bon	us is requested.		
		·		
Mark on overland	otion for an atota hal			
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position being re	cruited.			
position being re	cruited.			
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		RETENTIO	ON BONUS	
☐ In parallel with a	Sign-On Bonus Program	for a specific job sla	ossification	
•	Sign-On Bonus Program		assilication	
Employee retent	•	or arremployee		
inployee retent	ion only			
What will be the an	nount of the retention bo	nus?		
How will the payme	ent be distributed?			
(for example, in the	1 <sup>st</sup> & 12 <sup>th</sup> paycheck)			
supporting docume	s program is it matching? ntation for that sign-on bo on the previous pages of	onus program,		
☐ Yes — explain belo	ow			
Is the university seek  Yes  No	ing to provide a sign-on o	or retention bonus	payout for a group of 50	or more employees?
				spreadsheet with the following columns complete
First Name	Last Name	PER#	Position #	State Job Classification Title
Explain the steps bei	ng taken to mitigate the I	ecruitment or rete	ention challenges.	
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