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| SECTION 1 – Agreement | | | | | |
| This is an agreement entered on (Date Transaction Effective) for the payment of a  bonus to (Employee) (Employee Name) as an incentive to  employment with the Virginia Department of Forestry (VDOF). This Bonus is subject to all State and Federal withholding requirements and any other statutory withholdings. | | | | | |
| 1. | To be eligible for a Bonus, the Employee must  and agree to the terms of this agreement. | | | | |
| 2. | As an incentive to  employment, the VDOF agrees to pay a Bonus to the Employee as a one-time bonus payment of $     . This Bonus is in accordance with the Commonwealth of Virginia’s Compensation Policy in effect on the date of this agreement. | | | | |
| 3. | In consideration of the offer to pay a Bonus, the Employee agrees to remain in satisfactory (“Contributor” rating or higher) employment with the VDOF for a period of twelve (12) months beginning (Date Transaction Effective). | | | | |
| 4. | The Employee further agrees that in the event the Employee does not remain employed with the VDOF as a full-time employee for the full twelve-month period, the Employee will repay the VDOF at the time of separation, the amount of the Sign-On Bonus received including any amounts paid by the VDOF, whether received directly by the Employee or paid to third parties on the Employee’s behalf. The VDOF is authorized to withhold any wages or other payments due to the Employee upon termination of employment in the event that repayment is required. | | | | |
| 5. | The VDOF, in its sole discretion and with the recommendation of the State Forester or Deputy Forester and Human Resources Director, may waive repayment if the Employee is separated for reasons beyond the Employee’s control, but termination for cause shall not be deemed a reason beyond the Employee’s control. | | | | |
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| SECTION 2 – Signatures | | | | | |
| In witness to the agreement, the parties execute their acceptance of its terms by affixing their signatures below. | | | | | |
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| Employee Name (Print) | |  | Employee Signature |  | Date |
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| Human Resources Director Name (Print) | |  | Human Resources Director Signature |  | Date |