

**LSU Health New Orleans**  
**RELOCATION INCENTIVE AGREEMENT**

Employee Name: \_\_\_\_\_ LSUHSC ID Number: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Position Number: \_\_\_\_\_ Project/Speedtype #: \_\_\_\_\_

Start Date: \_\_\_\_\_ Relocation Incentive Amount: \$\_\_\_\_\_

Relocating from: \_\_\_\_\_ to \_\_\_\_\_

1. I acknowledge that relocation incentive payments are considered taxable income subject to state, federal, and Medicare tax withholding and will be reported on my W-2 form.
2. As a condition of accepting this relocation incentive payment, I agree that if I should leave employment with my hiring department before completing two years there, I will be required to reimburse this payment according to Section 3 below, and I authorize LSUHSC – NO to recoup the amount due according to the procedures defined in CM-57, which may include direct deduction from my paycheck.
3. If I am required to reimburse the relocation incentive payment, my payment due will be:

Employed with the hiring department less than one calendar year (or less than one academic year for employees on an academic appointment)	Reimburse 100% of relocation incentive
Employed with the hiring department at least one year, but less than two years (or less than two academic years for employees on an academic appointment)	Reimburse 50% of relocation incentive

Employee Signature: _____	Date: _____
Department Head: _____	Date: _____
Dean: _____	Date: _____
HRM: _____	Date: _____
VC Administration & Finance: _____	Date: _____