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| This Agreement, by and between the State of Tennessee, Department of Correction, hereinafter referred to as “TDOC” and                                              , hereinafter referred to as the “Employee” for the position of                                                        . |

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| WHEREFORE, TDOC and the Employee agree to the following terms: |

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| 1. TDOC agrees to pay the Employee the amount of six hundred dollars ($600.00) as a sign-on bonus contingent upon the Employee agreeing to remain employed with TDOC for a minimum of one (1) year. If accepted, the sign-on bonus will be paid in two separate installments for a total of six hundred dollars ($600.00). The Employee shall receive their first installment in the amount of two hundred dollars ($200.00) upon being hired, during his/her first pay period. The second installment of four hundred dollars ($400.00) will be awarded to the employee after he/she has successfully completed training from the Tennessee Correction Academy. |

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| 1. The Employee agrees that if they terminate employment with TDOC, either voluntarily or involuntarily, before the completion of his/her one year probationary period (12 months of service), he/she will repay TDOC in full, any of the sign-on bonus that has been received. The Employee understands that TDOC shall deduct the full amount from the employee’s final paycheck. |

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| 1. TDOC will apply all required federal and state tax deductions and will report all payments made under this agreement as required by federal and state law. Taxes shall be withheld from the sign-on bonus and reported to the Internal Revenue Service as income on the Employee’s Form W-2. |

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| 1. The Employee understands that the sign-on bonus is not a part of his/her base pay. The sign-on bonus will not be included in the salary calculations for retirement or overtime. |

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| 1. The Employee certifies that he/she is a new hire and has never previously worked for TDOC. |

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| The terms and conditions outlined above have been discussed with the Employee. By signing below the Employee understands and agrees to these terms and conditions: |

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| IN WITNESS THEREOF: |

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| Employee Signature |  | Date |

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| Employee Name Printed |

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| Human Resources Representative Signature |  | Facility |  | Date |