



# County of Santa Barbara Human Resources

## New Hire and Promotional Incentives Authorization Worksheet and Agreement

*In accordance with the Santa Barbara County New Hire and Promotional Incentives Policy approved by the Santa Barbara County Board of Supervisors on 02/13/2007, revised on 06/05/2018, and revised on 08/22/2023, authorization of incentive is approved for the following individual:*

NAME OF EMPLOYEE and EE ID NUMBER: \_\_\_\_\_

JOB CLASS TITLE: \_\_\_\_\_

DEPARTMENT NAME and NUMBER: \_\_\_\_\_

AMOUNT OF INCENTIVE NOT TO EXCEED: \_\_\_\_\_

### A. Relocation Costs (require substantiation of costs incurred)

Category	Description	Check
Housing/lodging	<ul style="list-style-type: none"> <li>• Lodging while seeking housing</li> <li>• Temporary housing expenses</li> <li>• Rentals – daily, weekly, monthly</li> </ul>	
Transportation costs related to relocation	<ul style="list-style-type: none"> <li>• Private car mileage - IRS standard mileage rate</li> <li>• Airline travel (one round trip)</li> <li>• Rental Car</li> <li>• Transportation costs during move</li> </ul>	
Meals related to relocation	<ul style="list-style-type: none"> <li>• Per diem amounts</li> </ul>	
Moving & Storage Expenses	<ul style="list-style-type: none"> <li>• Moving of household goods/furniture or temporary storage</li> </ul>	

### B. Compelling Business Needs Incentive

Category	Description	Check
Permanent Housing Offset	Used for the purpose of purchasing of a home that allows the applicant to relocate for employment with the County	
Student Loan Offset	CEO or HRD may approve amounts to offset the cost of accumulated student loans	
Sign-on incentive	CEO or HRD may approve a one-time signing incentive	
Promotion Incentive	CEO or HRD may approve amounts incentivizing an employee to accept a promotion	

#### Tax Status

All incentive payments are fully taxable for Federal and State purposes and will be paid via Payroll.

#### Documentation for substantiation

Original itemized receipts must be furnished before any payment may occur (credit card statements are not acceptable). All receipts must be in the name of the employee. Please include and attach receipts to a New Hire Incentive Claim Form. Payment will not be made prior to the first day of employment.

**CEO OR HUMAN RESOURCES DIRECTOR (HRD) OR DESIGNEE:** \_\_\_\_\_

**C. Vacation & Sick Leave Advance Accruals**

(**IMPORTANT:** Include a Payroll Adjustment Form for vacation and sick leave hours adjustments AND/OR for a vacation accrual rate change submit a PC Form to Human Resources)

Type of Leave Incentive	# of Hours	Hours Granted
Vacation equal to the first year's accrual (not to exceed 96 hours)	Up to 96 hours	
Sick leave equal to the first year's accrual	Up to 96 hours	

*\*Note: advanced accrual hours are in addition to any MOU/Management Resolution provisions. Hours granted herein are subject to existing MOU provisions.*

Type of Leave Incentive	Accrual Rate Adjustment	Days Granted
Accelerated vacation accrual rate.	.0463hrs - 12 days per year .0616hrs - 16 days per year .0731hrs - 19 days per year .0847hrs - 22 days per year .0962hrs - 25 days per year	

**DEPARTMENT HEAD:**

It has been determined that the incentives hereby authorized meet the eligibility requirements of the Policy.

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD

\_\_\_\_\_  
DATE

**CEO OR HUMAN RESOURCES DIRECTOR (HRD) OR DESIGNEE:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SIGNATURE OF EMPLOYEE PROMOTING:**

By accepting this incentive and by signing this Agreement, I agree that if I separate from County service, prior to the completion of one full year (12 months) in the position to which I have promoted, have not failed probation, and am not in a safety position, I agree to repay the County of Santa Barbara at the time of my separation.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

**SIGNATURE OF NEW EMPLOYEE:**

By accepting these incentives and by signing this Agreement, I agree that if I separate from regular County service within two years of my date of hire I shall be required to repay such incentives as have been paid to me under the New Hire and Promotional Incentive Policy. I agree to repay the County of Santa Barbara at the time of separation.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

It is the department's responsibility to send the New Hire and Promotional Incentive Authorization Form and a New Hire Reimbursement Claim Form to payroll for each increment being paid.

**cc:** Auditor-Controller – Payroll Division