# Retention Lump Sum Request Form

# (Form provided for Control Point use)

**OVERVIEW:** The Retention Lump Sum Program at UC Santa Barbara is intended to provide additional means to campus departments to reduce attrition and retain critical staff. Under the program’s guidelines, department heads may seek approval to pay a retention lump sum to eligible policy-covered career staff to minimize staff vacancies and ensure business continuity when circumstances warrant. In exchange for the retention lump sum payment, the employee agrees to remain in their current position for a minimum of 12 months. A department’s ability to seek approval for a retention lump sum payment is contingent on the availability of funds from existing departmental resources.

| **DEPARTMENT** |  |
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| **REQUESTED FOR (EMPL NAME AND ID)** |  |
| **JOB CODE and JOB TITLE** |  |
| **POSITION #** |  |
| **CURRENT RATE OF PAY**: Enter Hourly rate for non-exempt or Annual rate for exempt employees |  |
| **TOTAL DOLLAR AMOUNT OF RETENTION LUMP SUM PAYMENT REQUESTED** |   |
| **LUMP SUM PAYMENT AS A PERCENTAGE OF BASE PAY** (e.g., Total Dollar Amount / Annualized Base Pay = %)For non-exempt: Annualized Base = Hourly Rate x 2088 Requests for a Lump Sum payment exceeding 10% of annual base pay must explain rationale in the \*Request for Exceptional Case section. |  |
| **EMPLOYEE MEETS ALL OF THE ELIGIBILITY CRITERIA**Confirm the employee meets eligibility criteria.* Holds a policy-covered (non-represented) career PSS or MSP appointment
* Successfully completed their probationary period (applies to career PSS appointments)
* Received a performance rating of “Successful” or better in the most recent performance cycle and no documented disciplinary action for performance or misconduct
* Has not previously received a retention lump sum within the past 24 months (based on the date of the receipt of the single lump sum or first installment of a lump sum payment)
 | ☐ YES ☐ NO If NO is selected, the employee is not eligible to receive a Retention Lump Sum payment at this time. |
| **PROPOSED PAYMENT SCHEDULE FOR LUMP SUM PAYMENT**☐ Paid in a single payment at the inception of the 12-month service period. ☐ Paid in two approximately equal installments; first payment at inception, 2nd payment at 6 months.☐ Paid in four approximately equal installments; first payment at inception, 2nd, 3rd and 4th payment at 3-month intervals.☐ Paid in 12 approximately equal installments for monthly paid employees or 26 approximately equal installments for biweekly paid employees.☐ Other (Explain in Additional Information section) |
| **SELECT ONE OR MORE JUSTIFICATION REASONS THAT APPLY TO YOUR REQUEST**☐ To retain an eligible staff member upon notification that they have received a competing job offer.☐ To retain an eligible staff member who is considering employment elsewhere due to market pay conditions where they can earn significantly higher compensation for similar work in other organizations.☐ To retain an eligible staff member in a difficult to fill position who is considering employment elsewhere.☐ To retain an eligible staff member when there is a critical need of the employee to remain in their position for the accomplishment of the department’s programs during the next 12 months.☐ To retain an eligible staff member when there is a critical need for the unusually high or unique qualifications of the employee, or a special need for the employee’s services during the next 12 months.☐ To retain an eligible staff member when they are assigned to a critical project that requires the special skills of a combined team for successful completion during the next 12 months. In these cases, the department head must demonstrate that the project is critical to the accomplishment of the division and/or campus goals, outline the contributions of the individual employee within the combined team, as well as the anticipated difficulty in replacing that skill set should the employee obtain employment elsewhere. |
| **ADDITIONAL INFORMATION TO SUPPLEMENT THE JUSTIFICATION REASON(S) SELECTED ABOVE**Provide the details and circumstances that support your request. In addition, *UCOP requires that the justification address the following two points*:1. Why the employee may not be retained without a retention lump sum payment.
2. If the employee’s current annual base salary is less than the Career Tracks salary range midpoint, provide information on why the employee’s salary is not “at market” and how the retention lump sum will help retain this employee.

(RESPONSE IS LJMITED TO 14 LINES) |
| **\*REQUEST FOR EXCEPTIONAL CASE** (REQUIRED FOR REQUESTS EXCEEDING 10% OF ANNUAL BASE PAY) *UCOP requires that the justification provide specific rationale to justify the exceptional amount requested.* Maximum limit is 20% of annual base pay. |
| **PROPOSED 12-MONTH SERVICE PERIOD FOR EMPLOYEE RETENTION** (Start date may be based on the date submitted for control point approval, the date the request is approved, or the date of the first payment.) | **START DATE** **END DATE** |
| **PROPOSED REPAYMENT PROVISIONS**Department head acknowledges that if the employee leaves their position (voluntarily or involuntarily), the employee will be required to repay a prorated amount for any portion of the retention lump sum paid in advance. The amount of repayment will be prorated based on the number of months completed in the 12-month service period. As an exception to the above, the department head agrees to allow the employee to retain the lump sum payment upon a voluntary promotion or lateral transfer **when it occurs** **within the same department**. ☐ YES ☐ NO |
| **FUNDING SOURCE** |  |
| For the Division of Academic Affairs, these requests should be routed to the Executive Vice Chancellor’s office for control point approval, through the appropriate Divisional Dean/Associate Vice Chancellor. |
| **APPROVAL**: DEPARTMENT/UNIT HEAD | DATE |
| **APPROVAL**: DEAN OR ASSOCIATE VICE CHANCELLOR | DATE |
| **APPROVAL**: EVC OR DESIGNEE | DATE |

| For all other divisions, Directors/Department Heads should route these requests to their Vice Chancellor’s office for control point approval, through the appropriate Associate/Assistant Vice Chancellor.  |
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| **APPROVAL**: DEPARTMENT HEAD/DIRECTOR | DATE |
| **APPROVAL**: CHIEF FINANCIAL OFFICER | DATE |
| **APPROVAL**: ASSOCIATE/ASSISTANT VICE CHANCELLOR | DATE |
| **APPROVAL**: VICE CHANCELLOR OR DESIGNEE | DATE |

Note to Campus Control Points: This Form may be modified by expanding/adding to the model form provided here. Please consult with the Compensation unit before removing sections/items from the model form to ensure that the changes will comply with the information requirements set forth by the UC Office of the President.