



Early Notification Incentive Program  
Incentive Pay Request Form  
2017-2018

Employee's Name: \_\_\_\_\_

Employee's ID#: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

Position held: \_\_\_\_\_

I have submitted my resignation/retirement to become effective at the end of my contract/ calendar year and will be participating in the Early Notification Incentive Program on a voluntary basis. Therefore, I am requesting my incentive in the amount of \_\_\_\_\_. By accepting this financial incentive, I understand that I will not be able to be employed by the Laredo Independent School District for a period of two years.

***If there is a justified need for the employee to return before the two years, the employee shall reimburse the district for the total incentive amount.***

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

Office Use Only

Incentive Pay Request Form received by:

\_\_\_\_\_  
Human Resources Administrator

\_\_\_\_\_  
Date Received

Incentive Pay Authorization  
Professional  \$1,000.00      Para-professional  \$500.00

\_\_\_\_\_  
Human Resources Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Supt. for Human Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Supt. for Finance

\_\_\_\_\_  
Date