Employee Retention Program Agreement

Employee Name Gretchen Scott

Position Deputy City Manager

Hire Date 12/6/1999

Department City Administration

In consideration of the receipt of prepaid retention compensation, I hereby agree with the following terms and accept the amount listed below. I understand the prepaid retention compensation represents prepaid wages in the form of retention compensation that will not be earned until the completion of the total work obligation, as set forth below.

Amount Offered $ 5,000.00
Gross Amount

Do you accept the agreement? * (•) Yes ( ) No

Current Employee with the City of Twin Falls

Payout Options

- [x] Lump Sum / Direct Deposit (PERSI, Federal withholding, State withholding, Social Security, and Medicare taxes apply)
- [ ] PERSI Choice (PERSI, Social Security and Medicare taxes apply) (Annual PERSI Choice contribution limits apply)
- [ ] Health Savings Account 2025 (2025 annual limits apply) (Subject to PERSI Base Plan Contributions)

Lump Sum / Direct Deposit

Lump Sum * $ 5,000.00

Lump Sum Payout Date * (•) December 13, 2024

Direct Deposit Information

Net funds (what is left after any required deductions) will be direct deposited to your primary bank account on file for regular paycheck deposits.

Funds will only be deposited to one bank account per employee.

If your paychecks are currently being distributed among multiple bank accounts, this payout will go to your "everything else" account.

Total Work Obligation is 36 Months

Agreement Start Date 1/1/2025 **Agreement End Date** 12/31/2027

If I fail to meet the total work obligation provided for above for any reason other than a lay-off, I must REPAY the total unearned prepaid retention compensation referenced above. The balance will be immediately due.

By signing this form I authorize the City of Twin Falls to withhold the obligation amount from my final paycheck. If full payment of any outstanding indebtedness is not received within six (6) months following termination, the account shall be considered delinquent and the City of Twin Falls may take appropriate steps for full recovery. I understand I will be responsible for the payment of actual attorney's fees and collection expenses.

The above amount and related work obligation do not constitute an employment contract or any type of contractual obligation or relationship. Employment with the City of Twin Falls is voluntary "at will" and nothing in this agreement is designed to waive the rights of the employer or the employee to terminate employment at any time, for any reason.

Signature *



Gretchen Scott

Action History (UTC-07:00) Mountain Time (US & Canada)

by Workflow 10/1/2021 8:54:34 AM (Workflow Start Event)

Submit

by Mitch Humble 10/7/2021 4:26:44 PM (Submit Agreement)

- The task was assigned to Mitch Humble. The due date is: December 3, 2021 5:00 PM. The priority is: Medium 10/1/2021 8:54 AM

Employee Retention Program Agreement

Employee Name Mitch Humble

Position Deputy City Manager

Hire Date 4/19/2006

Department City Administration

In consideration of the receipt of prepaid retention compensation, I hereby agree with the following terms and accept the amount listed below. I understand the prepaid retention compensation represents prepaid wages in the form of retention compensation that will not be earned until the completion of the total work obligation, as set forth below.

Amount Offered $ 5,000.00
Gross Amount

Do you accept the agreement? * (•) Yes ( ) No

Current Employee with the City of Twin Falls

Payout Options
- [x] Lump Sum (Social Security, Medicare and PERSI taxes apply)
- [ ] PERSI Choice (Social Security and Medicare taxes apply)
- [ ] Health Savings Account 2022 (PERSI and annual limits apply)

Lump Sum * $ 5,000.00

Withhold Federal/State Taxes? * (•) Yes ( ) No

Lump Sum Payout Date * (•) December 17th, 2021

Total Work Obligation is 36 Months

Agreement Start Date 1/1/2022 **Agreement End Date** 12/31/2024

If I fail to meet the total work obligation provided for above for any reason other than a lay-off, I must REPAY the total unearned prepaid retention compensation referenced above. The balance will be immediately due.

By signing this form I authorize the City of Twin Falls to withhold the obligation amount from my final paycheck. If full payment of any outstanding indebtedness is not received within six (6) months following termination, the account shall be considered delinquent and the City of Twin Falls may take appropriate steps for full recovery. I understand I will be responsible for the payment of actual attorney's fees and collection expenses.

The above amount and related work obligation do not constitute an employment contract or any type of contractual obligation or relationship. Employment with the City of Twin Falls is voluntary "at will" and nothing in this agreement is designed to waive the rights of the employer or the employee to terminate employment at any time, for any reason.

Signature *



Mitch Humble

Employee Retention Program Agreement

Employee Name
Breanna Howard

Full-time Hire Date
5/11/2020

Department
Finance

Job Title
Chief Financial Officer

In consideration of the receipt of prepaid retention compensation, I hereby agree with the following terms and accept the amount listed below. I understand the prepaid retention compensation represents prepaid wages in the form of retention compensation that will not be earned until the completion of the total work obligation, as set forth below.

Amount Offered
$2,500.00
Gross Amount

Do you accept the agreement? *
(•) Yes ( ) No

Current Employee with the City of Twin Falls

Payout Options

- [ ] Lump Sum / Direct Deposit (PERSI, Federal withholding, State withholding, Social Security, and Medicare taxes apply)
- [x] PERSI Choice (PERSI, Social Security and Medicare taxes apply) (Annual PERSI Choice contribution limits apply)
- [ ] Health Savings Account Next Calendar Year (Annual limits apply) (Subject to PERSI Base Plan Contributions)

PERSI Choice Contribution

PERSI Choice *
$2,500.00
PERSI, Social Security and Medicare taxes apply. Annual PERSI Choice contribution limits apply.

After the required deductions of (PERSI, Social Security, and Medicare), the remainder will be deposited to your PERSI Choice Plan.

Sometimes due to system calculations there could be a small amount (less than $30 total) that we cannot allocate to PERSI Choice. When that happens, the money will be direct deposited to your primary bank account. See details below.

PERSI Choice contributions will be recorded in tax year 2025 (and will appear on your W2 for 2025), but due to PERSI filing procedures may not be deposited to your PERSI Choice account until early January 2026.

Direct Deposit Information

Net funds (what is left after any required deductions) will be direct deposited to your primary bank account on file for regular paycheck deposits.

Funds will only be deposited to one bank account per employee.

If your paychecks are currently being distributed among multiple bank accounts, this payout will go to your "everything else" account.

Total Work Obligation is 36 Months

Agreement Start Date	Agreement End Date
1/1/2026	12/31/2028

This is a prepaid retention compensation program that represents an advance on future wages and is not considered earned until the full three-year work obligation has been completed.

If I fail to meet the total work obligation provided for above for any reason other than a lay-off, I must REPAY the total unearned prepaid retention compensation referenced above. The balance will be immediately due.

By signing this form I authorize the City of Twin Falls to withhold the obligation amount from my final paycheck. If full payment of any outstanding indebtedness is not received within six (6) months following termination, the account shall be considered delinquent and the City of Twin Falls may take appropriate steps for full recovery. I understand I will be responsible for the payment of actual attorney's fees and collection expenses.

The above amount and related work obligation do not constitute an employment contract or any type of contractual obligation or relationship. Employment with the City of Twin Falls is voluntary "at will" and nothing in this agreement is designed to waive the rights of the employer or the employee to terminate employment at any time, for any reason.

Signature *



Breanna Howard

Action History (UTC-07:00) Mountain Time (US & Canada)

by Workflow 10/13/2022 6:36:09 PM (Workflow Start Event)

Submit

by Kristen Kohntopp 10/17/2022 8:22:58 AM (Submit Agreement)

- The task was assigned to Kristen Kohntopp. The due date is: December 15, 2022 5:00 PM. The priority is: Medium 10/13/2022 6:36:09 PM

Employee Retention Program Agreement

Employee Name Kristen Kohntopp

Position Benefits & Safety Coordinator

Hire Date 8/7/2017

Department Human Resources

In consideration of the receipt of prepaid retention compensation, I hereby agree with the following terms and accept the amount listed below. I understand the prepaid retention compensation represents prepaid wages in the form of retention compensation that will not be earned until the completion of the total work obligation, as set forth below.

Amount Offered $ 2,500.00
Gross Amount

Do you accept the agreement? * (●) Yes ( ) No

Current Employee with the City of Twin Falls

Payout Options

- [ ] Lump Sum / Direct Deposit (PERSI, Social Security, and Medicare taxes apply)
- [x] PERSI Choice (PERSI, Social Security and Medicare taxes apply) (Annual PERSI Choice contribution limits apply)
- [ ] Health Savings Account 2023 (2023 annual limits apply) (Subject to PERSI Base Plan Contributions)

PERSI Choice Contribution

PERSI Choice * $ 2,500.00
PERSI, Social Security and Medicare taxes apply. Annual PERSI Choice contribution limits apply.

After the required deductions of (PERSI, Social Security, and Medicare), the remainder will be deposited to your PERSI Choice Plan.

Sometimes due to system calculations there could be a small amount (less than $30 total) that we cannot allocate to PERSI Choice. When that happens, the money will be direct deposited to your primary bank account. See details below.

PERSI Choice contributions will be deposited to your PERSI Choice account in mid-December 2022.

Direct Deposit Information

Net funds (what is left after any required deductions) will be direct deposited to your primary bank account on file for regular paycheck deposits.

Funds will only be deposited to one bank account per employee.

If your paychecks are currently being distributed among multiple bank accounts, this payout will go to your "everything else" account.

Total Work Obligation is 36 Months

Agreement Start Date 1/1/2023 **Agreement End Date** 12/31/2025

If I fail to meet the total work obligation provided for above for any reason other than a lay-off, I must REPAY the total unearned prepaid retention compensation referenced above. The balance will be immediately due.

By signing this form I authorize the City of Twin Falls to withhold the obligation amount from my final paycheck. If full payment of any outstanding indebtedness is not received within six (6) months following termination, the account shall be considered delinquent and the City of Twin Falls may take appropriate steps for full recovery. I understand I will be responsible for the payment of actual attorney's fees and collection expenses.

The above amount and related work obligation do not constitute an employment contract or any type of contractual obligation or relationship. Employment with the City of Twin Falls is voluntary "at will" and nothing in this agreement is designed to waive the rights of the employer or the employee to terminate employment at any time, for any reason.

Signature *



Kristen Kohntopp