Action History (UTC-07:00)

by Workflow 10/11/2023 3:11:12 PM (Workflow Start Event)

Submit

by Travis Rothweiler 11/8/2023 1:54:56 PM (Submit Agreement)

- The task was assigned to Travis Rothweiler. The due date is: November 19, 2023 11:30 PM. The priority is: Medium 10/11/2023 3:11:13 PM

Employee Retention Program Agreement

Employee Name Travis Rothweiler

Position City Manager

Hire Date 9/8/2008

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, Social Security, and Medicare taxes apply)
- [ ] PERSI Choice (PERSI, Social Security and Medicare taxes apply) (Annual PERSI Choice contribution limits apply)
- [ ] Health Savings Account 2024 (2024 annual limits apply) (Subject to PERSI Base Plan Contributions)

Lump Sum / Direct Deposit

Lump Sum * $ 5,000.00

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

Lump Sum Payout Date * (●) December 15, 2023

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 1/1/2024 **Agreement End Date** 12/31/2026

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 *



Travis Rothweiler