

LIBERTY PUBLIC SCHOOLS

Employee Retention Incentive Form

Employee Name: _____

Contact Phone Number: _____

Current Position with Liberty Public Schools: _____

Date of Hire (month/year): _____

Consecutive years of service with Liberty Public Schools (circle one):

5 years - \$500.00

10 years - \$500.00

10 years - \$500.00

15 years - \$500.00

20 years - \$500.00

25 years - \$500.00

30 years - \$500.00

35 years - \$500.00

Certified Teachers - please attach a copy of your OSDE Service Record (confirming years of service) with this form. <https://sdeweb01.sde.ok.gov/SSO2/Signin.aspx>

It is the employee's responsibility to print, complete, and forward this Employee Incentive Retention Form and a copy of your Service Record(if applicable) to Robin/HR by May 25th of the above-recognized year.

Incentive pay will be added to the employee's first paycheck of the next school year.

I declare that the above information is true and correct.

Dated the _____ day of _____, 20_____.

Employee's Printed Name

Employee's Signature

***Employees should keep a copy of this completed form for their records.*