# REQUEST FOR STAFF BONUS

Completed form with justification should be submitted to the Program Center Manager and Vice President before being sent to Classification & Compensation, campus zip 6032.

<table>
<thead>
<tr>
<th>Employee:</th>
<th>Empl ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classification:</td>
<td>CMS Position #:</td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Requested By:</td>
<td>Date Requested:</td>
</tr>
</tbody>
</table>

**BONUS TYPE:**
- [ ] Recruitment
- [ ] Individual Performance
- [ ] Retention
- [ ] Group Performance
- [ ] Critical Skills
- [ ] Other: ______________

**BONUS REQUEST:**
- Percentage: _____ % and/or Amount: $_____
- Begin Date: ___________ End Date: ___________

*(For Individual or Group Performance Bonus only)*

**JUSTIFICATION:** Please attach a separate sheet explaining the factors or accomplishments that support this request. *NOTE: Staff bonuses are funded by the initiating department.*

**REQUIRES PROGRAM CENTER APPROVAL ONLY:**
- Requests UP TO 4%
  - Supervisor: __________________________ Date: ___________
  - Program Center Manager/Dean: ________________ Date: ___________
  - Vice President: __________________________ Date: ___________

**REQUIRES HR APPROVAL:**
- Requests ABOVE 4%
  - Supervisor: __________________________ Date: ___________
  - Program Center Manager/Dean: ________________ Date: ___________
  - Vice President: __________________________ Date: ___________
  - Human Resources: _________________________ Date: ___________

**HR/PAYROLL USE ONLY:**
- Approved Percentage: ____________ Approved Amount: _____________
- Based on Salary From: ______________ To: ______________

BonusRequest.doc 08/2011