

PERFORMANCE BONUS PAY FORM

A. EMPLOYEE INFORMATION (ENTER THE PAYROLL INFORMATION FOR THE EMPLOYEE BEING PAID)

EMPLOYEE NAME _____ TITLE _____ HOME SCH/CENTER _____

HOME DEPT _____ DEPT ADDRESS _____ PAY CYCLE WEEKLY MONTHLY

B. REASON FOR PAYMENT (TO BE COMPLETED BY DEPARTMENT PAYING FOR SERVICES)

PAYING DEPT NAME _____ PAYING SCH/CENTER _____

JUSTIFICATION (Please include as appropriate: date(s) service performed and the description of work performed.) _____

DATE COMPENSATION EARNED/ACCRUED: FROM _____ (MM/DD/YY) TO _____ (MM/DD/YY) **Please attach additional documentation if needed.**

For this ICV payment to be processed for weekly paid employees the attached bonus pay worksheet ([LINK](#)) must be completed noting the dollar amounts associated with each pay period covered by this payment.

C. PAYROLL TRANSACTION DATA/EARNINGS TYPE USED ON THIS FORM

SAL Bonus Award Program: Bonus given to the top 10% of employees in a school or center as part of the University's approved Bonus Award Program

ICV Incentive, Retention and Sign-on Bonus: Requires a formal plan on file that has been approved by the Division of Human Resources/Compensation.

BNS Discretionary bonus for extraordinary performance approved by the President, Provost or EVP

Note: This form will not be processed for any of the above categories without verification of current performance appraisal. (N/A for sign-on bonus.)

Signature of supervisor or school/center representative _____ Title _____ Date _____ Date of Current Performance Appraisal _____

D. APPROVALS (PAYMENT WILL NOT BE MADE WITHOUT THE APPROPRIATE APPROVALS)

| AUTHORIZED SIGNATURE | PRINTED NAME | EMAIL | DATE | AUTHORIZED SIGNATURE | PHONE EXT | DATE |
|----------------------|--------------|-------|-------|--|-----------|-------|
| Paying Dept. _____ | _____ | _____ | _____ | Provost (Faculty Only) | _____ | _____ |
| Home Dept. _____ | _____ | _____ | _____ | Division of Human Resources (Admin Staff Only) | _____ | _____ |
| Home Sch/Ctr _____ | _____ | _____ | _____ | Research Services (5xxxxx Funds Only) | _____ | _____ |

| EMPLOYEE ID | PAY END DATE (MM/DD/YY) | EARN TYPE | JOB CLASS CODE |
|-------------|-------------------------|-----------|----------------|
| _____ | _____ | _____ | _____ |

| AMOUNT DUE | CNAC(3) | ORG(4) | BC(1) | FUND(6) | OBG(4) | PROG(4) | CREP(4) |
|------------|---------|--------|-------|---------|--------|---------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |