

College of Charleston
Employee Bonus Request Form

Choose the type of Bonus that applies:

Standard employee bonus in accordance with State Bonus Proviso and Guidelines.

Note: Employees may not receive more than \$3000 per fiscal year.

Faculty/Staff 5 k UFX in accordance with Award Plans approved by the Board of Trustees.

Department: _____

Employee Name: _____

College Wide ID: _____

Class and Slot: _____

Amount Requested: _____ **Index to be Billed** _____

Date Awarded: _____

Source of Funds:

State *(cannot be used for bonuses issued under Faculty/Staff Award Plan)*

Federal Check to indicate that this bonus/award is supported by Federal funds and complies with Federal law.

Other It is within the parameters of the grant/contract documents and the use of these funds is appropriate.

Reason: *(Indicate which of the following best represents the reason for bonus request)*

- Contributions to increased organizational productivity
- Development and/or implementation of improved work processes
- Exceptional customer service
- Realized cost savings
- Faculty/Staff Award Plan
- Other – Explanation required below

Explain:

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Submitted by: _____
Department Head

(Date)

Approved:

Disapproved:

Director/Assoc. VP (Date)

Director/Assoc. VP (Date)

Vice President (Date)

Vice President (Date)

VP Human Resources (Date)

VP Human Resources (Date)

President (Date)

President (Date)