

Employee Bonus/Award Request Form

Dept. _____

Supervisor: _____

Important Instructions and Reminders:

1. **Standard State Bonus:** Employees may not receive more than \$3,000 per fiscal year.
2. **Faculty/Staff Awards:** Must be in accordance with Board of Trustee approved amounts and parameters.
3. Temporary/Adjunct employees are not eligible for Standard State bonuses.
4. Grant Accounts must be approved by the Office of Research and Grants Administration (**ORGA**) and Foundation Accounts must be approved by Foundation Financial Services (**FFS**) before routing to Budget Office.

Standard State Bonus _____ Faculty/Staff Award _____	Amount Requested:	
Name:	CWID:	
Source of Funds: _____ State (cannot be used for Faculty/Staff Awards plans or to give Grant employees a bonus) _____ Federal _____ Check to verify that this bonus/award is supported by Federal funds and complies with Federal Law, is within the parameters of the grant/contract and the use of these funds is appropriate.	Charge To (Budget #):	
	ORGA Approval:	FFS Approval:
Reason: Choose One	Human Resources	
<input type="checkbox"/> Contributions to increased organizational productivity <input type="checkbox"/> Development and/or implementation of improved work processes <input type="checkbox"/> Exceptional Customer Service <input type="checkbox"/> Realized Cost Savings <input type="checkbox"/> Other*: _____	Class:	Posn #:
	E-Class:	
*Attach description <input type="checkbox"/> Faculty/Staff Award Plan	Payroll Effective Date:	
	Amount Approved:	
	Previous State Bonus for FY:	
	Date: _____	Amt: _____
	Date: _____	Amt: _____
	Date: _____	Amt: _____

Approvals:

Dept. Head: _____

Date: _____

VP/Dean: _____

Date: _____

EVP/Provost: _____

Date: _____

Budget: _____

Date: _____

President: _____

Date: _____

HR: _____

Date: _____

HR Received:	Processed by:
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