

**College of Charleston
Employee Bonus/Award 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 Award in accordance with Award Plans approved by the Board of Trustees.**

Department: _____

Employee Name: _____

College Wide ID: _____

Class and Slot: _____/_____ **Position #:** _____ **E-Class:** _____

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

_____ **Other**

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:

Submitted by: _____ (Date) _____
Department Head

Approved:

Director/Assoc. VP (Date)

Vice President (Date)

VP Human Resources (Date)

President (Date)

Disapproved:

Director/Assoc. VP (Date)

Vice President (Date)

VP Human Resources (Date)

President (Date)