



Bonus Request Form

Department: _____ Date: _____

Contact Person: _____ Email: _____

Employee Name: _____ USC ID: _____

Requested Bonus amount: _____

**Bonus amount must be in accordance with HR policies and procedures (HR 1.77).*

Reason:

- Exceptional Customer Service
- Increase Productivity
- Process Improvement
- Realized Cost Savings
- Other Contributions

Justification:

Funding:

Amount	Percent of Distribution	Operating Unit (AK000)	Department	Fund Code	Account	Class

Approvals:

Director/Dean:	Date:
Vice Chancellor/EVCAA:	Date:
Chancellor:	Date:
Budget:	Date:
HR Review & Approval:	Effective Date: