



AFSCME Bonus Request Form

- There shall be no limit to the number of bonuses an AFSCME employee may receive during the fiscal year.
- The monetary cap shall be \$3,000 after taxes in a fiscal year.
- Non-union employees with the ability to secure the funds to support the recommended bonus are eligible to nominate a qualified union member (direct supervision of the union member is not required).
- The bonus pay will be taxed at the mandatory supplemental rate of 22% federal withholding and applicable FICA and Michigan withholding.
- Payments will be process with the next available payroll unless prior arrangements have been made.
- Monetary recognition is not added to base salary/compensation.
- Sponsored programs (research) indexes cannot be used to fund the bonus.
- At least two signatures are required (one must be the Financial Manager of the index providing the bonus and one must be an Executive Team member.
- The AFSCME Bonus Program is not precedent setting nor is it grievable.
- For assistance with completing this bonus form, click the Job Aid [link](#).
- This "[Gross Up](#)" Calculator is used to determine the gross amount required to obtain a specific net (or take home) pay amount.

Employee Name: (Last Name, First Name)			M Number:		
Dept and Org#:			Today's Date:		
Contact Person:			Phone #:		
Request Payment Date:					
Funding Source	Index	Department	Account Code	Account Pool	Amount
Payment:					
Gross Up Option: Add Taxes to Bonus Amount					
Fringes (10.10% FY24):			B001	B001	
				Total:	

Type	When to use	Exclusions
Exemplary Performance	Incentive for and means of rewarding exemplary performance of employees.	Nominator cannot be a Union member or family member, as defined by Policy Number 2.6012 - University Policies and Procedures

Description of reason for request (when required, attach supporting documentation to provide more details)

*At least two signatures are required – one must be the Financial Manager; one must be an Executive Team member

Department/College/School Approvals		Date
	Nominator	
*	Financial Manager*	
*	Dean/Director/Chair/Supervisor	
Review for Compliance		Date
	Sponsored Programs (E35* Indexes Only)	
	Provost or Vice President	
Approval		Date
*	President	
*	Human Resources	

(Human Resource Use Only)

Index 6 digit	Department	Account Code	Amount



Request for Transfer - **To be completed by HR**

FOR BUDGET USE ONLY
<u>One-Time-Only Allocations</u>
BD04
<u>Interfund Transfer</u>
FT01

FROM: _____ **PHONE:** _____
 (Name)

Department _____ (Date)

REDUCE BUDGET (Rule Class BD04 entries, only)

Account Number			AMOUNT OF CHANGE
Index 6 digit	Index Title	Account Code 4-5 digit	

INCREASE BUDGET (Rule Class BD04 entries, only)

Account Number			AMOUNT OF CHANGE
Index 6 digit	Index Title	Account Code 4-5 digit	

NOTE: No E indexes, except E35**

INTERFUND TRANSFER (Transfers between different funds)

T190 (out)	

INTERFUND TRANSFER (Transfers between different funds)

T140 (in)	

TOTAL

TOTAL
Financial Services Total

Reason for Change:

Human Resources Representative
 Required for all transfers

Date

Sponsored Programs
 Required if research, IRAD, or Graduate Stipend funds are involved.

Date

Budget Office
 Required for all transfers

Date

CC list: _____
Please copy all departments, schools, and/or colleges involved.