



Bonus/One-Time Payment Request Form

- The bonus pay will be taxed at the mandatory supplemental rate of 22% federal withholding and applicable FICA and Michigan withholding.
- Payments will be processed with the next available payroll unless prior arrangements have been made.
- Monetary recognition is not added to base salary/compensation.
- At least two signatures are required (one must be a Vice President's signature).
- 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
Payment:			Account Pool
Gross Up Option: Add Taxes to Bonus Amount			Amount
Fringes (10.10% FY24)			B001
			B001
			Total:

Check One	Type	When to use	Exclusions
	Signing Bonus	Offer to a candidate as an inducement to commit to employment at Michigan Tech; is agreed upon during pre-employment negotiation process	Hourly (including union employees), fixed term and temporary employees
	Retention Bonus	To retain an employee with valuable knowledge, skills or abilities that are vital to the accomplishment of the strategic plan	Union employees, fixed term and temporary employees
	Exemplary Performance Bonus	Incentive for and means of rewarding exemplary performance of faculty and staff	Union employees, fixed term and temporary employees Not to be used as lifetime achievement recognition Not to be used as a years-of-service recognition
	Sponsored Funding Bonus	Tenure, tenure track faculty, and eligible staff may receive a bonus when they have replaced a portion of their General Fund salary and have not been released from any duties.	Teaching faculty, fixed term and temporary employees
	Other	Other one-time compensation payments (Explain below)	

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

*At least two signatures are required – one must be a Vice President; President signature required only on V.P. requests

Department/College/School Approvals		Date
	Financial Manager	
*	Department Chair/Supervisor	
*	Dean/Director	
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.