



# 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 \$3,000.00 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 processed 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).
- For assistance with completing this bonus form, click the Job Aid [link](#).
- The AFSCME Bonus Program is not precedent setting nor is it grievable.

<b>Employee Name:</b> (Last Name, First Name)		<b>M Number:</b>			
<b>Dept and Org#:</b>		<b>Today's Date:</b>			
<b>Nominator:</b>		<b>Phone #:</b>			
<b>Request Payment Date:</b>					
<b>Funding Source</b>	<b>Index</b>	<b>Department</b>	<b>Account Code</b>	<b>Account Pool</b>	<b>Amount</b>
<b>Payment:</b>					
<b>Gross Up Option:</b> Add Taxes to Bonus Amount					
<b>Fringes (10.3% FY21-22)</b>			B001	B001	
				<b>Total:</b>	

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.

<b>Department/College/School Approvals</b>		<b>Date</b>
	Nominator	
*	Financial Manager*	
*	Dean/Director/Chair/Supervisor	
<b>Review for Compliance</b>		<b>Date</b>
	Human Resources	
	Sponsored Programs (E35* Indexes Only)	
<b>Approval (HR will obtain appropriate approvals below)</b>		<b>Date</b>
*	Provost or Vice President	
*	President	

(Human Resource Use Only)

Index 6 digit	Department	Account Code	Amount
			\$ 1,000.00



Request for Transfer - To be completed by HR

Clear Form

FOR BUDGET USE ONLY
One-Time-Only Allocations
BD04
Interfund Transfer
FT01

FROM: (Name) PHONE:

Department (Date)

REDUCE BUDGET (Rule Class BD04 entries, only)

Table with columns: Account Number, Index, Index Title, Account Code, AMOUNT OF CHANGE

INCREASE BUDGET (Rule Class BD04 entries, only)

Table with columns: Account Number, Index, Index Title, Account Code, AMOUNT OF CHANGE. Includes note: NOTE: No E\* indexes, except E35\*

INTERFUND TRANSFER (Transfers between different funds)

Table with columns: T190 (out)

INTERFUND TRANSFER (Transfers between different funds)

Table with columns: T140 (in)

TOTAL

TOTAL Financial Services Total

Reason for Change:

Large empty box for Reason for Change

Human Resources Representative Date Required for all transfers

Sponsored Programs Date Budget Office Date Required if research, IRAD, or Graduate Stipend funds are involved. Required for all transfers

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