



# 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 (10.0% FY18-19):</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



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

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

**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.**