



# UAW Bonus Request Form

- All UAW employees are eligible to receive a bonus up to three (3) times per fiscal year not to exceed \$3,000 per occurrence.
- 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.
- All decisions by the Review Committee are final and cannot be appealed.
- 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.
- 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.

|                                                                     |              |                      |                     |                     |               |
|---------------------------------------------------------------------|--------------|----------------------|---------------------|---------------------|---------------|
| <b>Employee Name:</b><br><small>(Last Name, First Name)</small>     |              | <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><br><small>Add Taxes to Bonus Amount</small> |              |                      |                     |                     |               |
| <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 |
|               |            |              |        |



# Michigan Tech

To: Financial Services and Operations

## 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<br>6 digit | Department | Account Code<br>4-5 digit |                  |
|                  |            |                           |                  |
|                  |            |                           |                  |
|                  |            |                           |                  |
|                  |            |                           |                  |
|                  |            |                           |                  |

### INCREASE BUDGET (Rule Class BD04 entries, only)

| Account Number   |            |                           | AMOUNT OF CHANGE |
|------------------|------------|---------------------------|------------------|
| Index<br>6 digit | Department | Account Code<br>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:

Bonus / One-Time Payment Request Form Reference Number:

\_\_\_\_\_  
 Human Resources Representative  
 Required for all transfers

\_\_\_\_\_  
Date

\_\_\_\_\_  
 Budget Office  
 Required for all transfers

\_\_\_\_\_  
Date

CC list:

*Please copy all departments, schools, and/or colleges involved.*

Budget Transfer version  
10-3-2018

Forward both the **Bonus Request Form** and the **Request for Transfer Form** to Human Resources.