UAW Bonus Request Form

- The UAW employees will be eligible for the bonus program. The program will include performance and retention.
- The criteria of Bonus Program: 1) Not to exceed $3,000 net per occurrence, 2) No limit on the number of occurrences per 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.
- 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.

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 (9.8% FY25):			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

Michigan Tech

Request for Transfer - To be completed by HR

To: Financial Services and Operations

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:

_____

_____ Date

Human Resources Representative
Required for all transfers

_____ Date

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

Budget Office
Required for all transfers

_____ Date

CC list:

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

Budget Transfer version Jan 2020 HR

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