

## Request for Temporary Bonus for Staff

This form is used by supervisors to request a temporary bonus for staff members who temporarily take on special roles that have an impact on the strategic priorities of the University or sets of responsibilities significantly outside of the scope of their jobs. The following criteria is used to determine eligibility:

1. The length of time in which the staff member assumes additional responsibilities must be equal to or greater than one month.
2. The additional responsibilities must be significant enough to result in the employee performing duties outside of their current job classification or reflect significantly increased levels of accountability within their current job classification.

### **Part A: To be completed by staff member's supervisor**

Name:

Department:

Job Title:

Grade:

Supervisor Name and Title:

*Complete the section that best describes the reason for a temporary bonus request:*

#### **Section 1**

Is person filling in for a staff member on leave?  Yes  No

If yes, name, title, and grade of staff member on leave: \_\_\_\_\_

Anticipated dates of leave: \_\_\_\_\_ to \_\_\_\_\_

Is staff member performing all position duties of person on leave?  Yes  No

If no, attach sheet detailing the duties being performed.

#### **Section 2**

Is person filling in for a vacant position?  Yes  No

If yes, title and grade of vacant position: \_\_\_\_\_

Is staff member performing all position duties of vacant position?  Yes  No

If no, attach sheet detailing the duties being performed.

Date staff member began performing duties: \_\_\_\_\_

Anticipated date position will be filled: \_\_\_\_\_

#### **Section 3**

Are the responsibilities part of a special project or assignment?  Yes  No

If yes, what is the special project or assignment? \_\_\_\_\_

Attach sheet detailing the duties being performed.

Signature of Supervisor:

Date:

**Part B: To be completed by Human Resources**

Staff member is performing duties above current grade:  Yes  No

Staff member is performing additional duties at current grade:  Yes  No

Request is approved:  Yes  No

If no, why not: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Annual amount to be paid: \$\_\_\_\_\_ Monthly amount: \$\_\_\_\_\_

Hourly rate: \$\_\_\_\_\_ (if nonexempt staff)

Rationale for calculation of monthly bonus: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HR Representative/Title Date

Notified Supervisor of Results: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Date Temporary Bonus Ended: \_\_\_\_\_