



Bonus Payment

approval request

Department: _____

Employee Name: _____

CURRENT:

Pay: \$ _____

Bonus amount: \$ _____

Job Title: _____

Effective Date: _____

Cost Code: _____

INITIATED BY (signatures):

Supervisor: _____

Title: _____ Date: _____

If amount over \$500

President: _____

Title: _____ Date: _____