

# Bonus Payment Request

## 1. Summary of Request (to be completed by requester)

Employee Legal Name	First Name	Middle Name	Last Name
Employee GWID	G	Division/School	
Job Title		Annualized Base Salary	
Amount Requested	\$		
Justification for request, including time period covered and how the amount was determined:			
Additional Instructions (i.e. proposed payout schedule for a retention agreement):			

## 2. Transaction Details (to be completed by HR representative)

Active, Benefitted Employee*	Yes	No	FLSA Status	
>= .5 FTE*	Yes	No	IEP Complete*	Yes No
Most Recent Performance Rating			Bonus Type	
Meets Performance Rating Criteria*	Yes	No	% of Base Salary	
Discretionary Bonus ("No" indicates non-discretionary)	Yes	No	Meets % of Base Salary Criteria*	Yes No

\* If answering "no," to any of these questions, then bonus payment cannot be approved.

## 3. Approvals

Approval needed		Print Name	Signature	Date
	HR Representative			
	Finance Director			
	OVRP (Only if funded by Research)			
	Vice President/Dean			

Compensation will submit completed form to HR Information Systems at [hris@gwu.edu](mailto:hris@gwu.edu).

## Compensation Use Only

Date Received		Date Approved	
Date Entered		Compensation Approval	