**Lump Sum Bonus Request**

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| **Amount Requested** |
| $100  $200  $350  $500  $750  $1,000  $2,000 |

MUS Staff Compensation Plan Pay Policy #7.0

<http://www.umt.edu/hrs/compguide.htm#lumpsumbonuses>

Name of Employee to Receive Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Contact Name/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Identified for Bonus: Index# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Lump Sum Bonus Justification***

* In an attachment, please describe events/actions taken by the employee that greatly exceed regular expectations and that are considered extraordinary. Include timeframe during which job performance occurred or will occur.
* The employee must have demonstrated exceptional performance in all areas of Criterion 1, and at least one area of Criterion 2. Provide details for each applicable criterion. Requests with insufficient details and/or those submitted in an incorrect format will be returned to the supervisor without approval.

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| **Criterion 1** *Justification Must Address All Three Sections Listed Below* |
| **1A.** Effort  The work must greatly exceed established expectations of the position |
| **1B.** Consistency  Work must be of noteworthy duration and superior performance level |
| **1C.** Quality  Work must have a significant positive impact on the University |
| **Criterion 2** *Justification Must Address At Least One Section Listed Below* |
| **2A.** Quantity  The amount of work exceeds standard expectations of others in similar positions |
| **2B.** Originality  The work is exceptionally creative and innovative |
| **2C.** Cost Savings/Revenue Generation  Work creates a substantial cost savings or revenue generation for the University |
| **2D.** Efficiency  Efforts measurably enhances University operations |
| **2E.** Life Safety/Safety of Working Conditions  Work is done to prevent serious property damage or physical injury |

***Required Signatures*** *-*Signatures indicate support for this pay exception and acknowledge that funding has been identified

**Immediate Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required for all requests)

**Dean/Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required for all requests)

**Human Resource Services**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required for all requests)

**Vice President/Provost**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required for bonus payments of $350, $500, $750, $1,000, $2,000)

**President**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required for bonus payments of $750, $1,000, $2,000)