



## EMPLOYEE BONUS FORM

**Please complete this form and forward a copy to the Office of Human Resources when an employee bonus is awarded.**

Agency : Lander University	Date Awarded:
Employee Name:	Employee L#:
Bonus Amount:	Class:
Comments:	

**Source of Funds:**

Regular State Bonus Plan (max allowed \$3,000 per fiscal year)

OR

Agency Specific Bonus Plan

Source of Funds:

Federal Funds       Check to indicate use complies with federal law

Other Funds

**Reason:** *(Please indicate which of the following best represents the reason for the bonus.)*

- 1. Contributions to increased organizational productivity
- 2. Development and/or implementation of improved work processes
- 3. Exceptional customer service
- 4. Realized cost savings
- 5. Other specific contributions to the success of the organization

**Agency Representative:** London Thomas, Director of Human Resources

\_\_\_\_\_  
President's Signature or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President of Finance & Administration

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Vice President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date