UMBI REQUEST TO AWARD A BONUS

Employee Name _____

Supervisor Name _____

UMBI Center/Unit _____

Employee Job Title _____

☐ Nonexempt Staff ☐ Exempt Staff ☐ Faculty

☐ Regular Status position ☐ Contingent Category II position

Requested Award Date _____

Requested Award Amount _____ % of Annual Salary _____

FRS# for Bonus Payment _____

Detailed explanation of employee's contribution that merits the requested bonus (attached additional page as needed):

Signatures (* required for bonuses greater than 5% or those above Assistant Director or Central Administration Manager level):

Supervisor Signature	Printed Name	Date
Center Director/Vice President Signature	Printed Name	Date
Center Fiscal Officer Signature	Printed Name	Date
Vice President, Operations & Finance or Designee*	Printed Name	Date
President or Designee*	Printed Name	Date

Reference: VII - 9.20 (A) Policy and Procedure on Bonus Payments
http://www.umbi.umd.edu/pandp/VII-9.20A-Bonus.pdf