



BONUS PAYMENT APPROVAL REQUEST

School/Division/Department: _____

Employee Name: _____ Employee I.D. Number : _____

CURRENT:

Pay: \$ _____

Bonus Amount: \$ _____

Job Title: _____

Effective Date: _____

Job Code: _____

Funding Source(s): _____

ATTACH THE FOLLOWING DOCUMENTS TO THIS FORM:

- 1) memo explaining the rationale for the bonus payment; and
2) bonus payment template spreadsheet, found at www.usc.edu/dept/personnel/comp/, with the compensation history of the incumbent for the last 3 to 5 years.

INITIATED BY (signatures):

Supervisor: _____ Title: _____ Date: _____

Supervisor's Supervisor _____ Title: _____ Date: _____

SCHOOL/DIVISION REVIEW AND RECOMMENDATION (See Staff Wage and Salary Guidelines for appropriate signature):

Signature _____ Job Title _____ Date: _____

BONUS REVIEW OF \$1,000 OR MORE

APPROVED: _____ DENIED: _____

Senior Vice President for Administration or Designee: _____ Date: _____

Provost and Sr. V. P. for Academic Affairs or Designee: _____ Date: _____