

## INSTRUCTIONS FOR COMPLETING THE BONUS PAY FORM

Complete all sections of the form. **Forms not filled out completely will be returned to the Department.**

**Prepared By:** Please include all the information in this box. If there are any questions or missing information on the Bonus Pay form, this is who will be contacted. Omitting this information will cause delays in processing the form.

**Payment:**

- A. *Department Name:* Enter the department initiating the form for payment.
- B. *Org ID:* Enter the department/organization ID number for the department initiating the payment.
- C. *Employee Name:* Enter the employee's name.
- D. *Pay Group:* Enter the employee's Pay Group.
- E. *Employee ID #:* Enter the employee's ID number. (This number must be identical to the number on the PAN.)
- F. *Amount:* Enter the gross amount of the Bonus to be paid.
- G. *Pay Period Dates:* Enter the starting and ending dates of the pay period for which payment is to be made.
- H. *Chartfield:* Enter the Chartfield to be charged for these earnings.
  - BU** - Business Unit
  - Org ID** - Organization/Department ID
  - Activity/Project** - Activity or Project Number
  - Account** - Account Number
  - A/U** - Allowable (1), Unallowable (0)

**Approval:**

The approval signature of the Dean, Chair or Department Head is required.

This form is due to the Payroll Department, 420 Wakara, no later than 5:00pm the last day of the pay period.

Revised 08/01/06

## University of Utah Payroll Department Bonus Pay Form

Prepared By: _____	Email: _____
Phone: _____	Date: _____

Payment of bonuses are restricted to employees of the University as part of a formalized program or agreement based on predetermined goals or achievements, **approved and on file in Human Resources**. The program or agreement is restricted to authorization in accordance with PPM 2-59.

PLEASE SEE INSTRUCTIONS FOR COMPLETION OF THE BONUS FORM.

Department Name: \_\_\_\_\_ Org ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Pay Group: \_\_\_\_\_

Employee ID #	Record #	Earnings Code	Additional Sequence	Amount
		BNS		

Pay Period Dates		Chartfield				
Start	End	Bu (2)	Org ID (5)	Activity/Project (8)	Account (5)	A/U (1)
						0

*I certify that the requested payment for the above listed individual is in accordance with the department Bonus program and any limitations set forth therein.*

\_\_\_\_\_  
Dean/Chair/Department Head Signature

\_\_\_\_\_  
Date

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