SPOT BONUS PAY REQUEST

INSTRUCTIONS: This form is used by units to request the approval and payment of Spot Bonus Pay for eligible staff. Bonus payments are subject to procedures and guidelines outlined in the Spot Bonus Pay procedure, Compensation. Bonus may be paid from any source of funds from existing unit budgets. Additional documentation may be attached to this form as desired.

<table>
<thead>
<tr>
<th>Supervisor Name:</th>
<th>Supervisor Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee Personnel Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed amount of Spot Bonus Pay:</th>
<th>Funding Account Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Eligibility Criteria for Spot Bonus Pay (all criteria must be met for employee to be eligible)

☐ Employee must be employed by UTHSC for at least six continuous months immediately preceding the effective date of the payment.
☐ Six months must have elapsed since the employee’s last Spot Bonus payment.
☐ Employee must have:
  ☐ Demonstrated extraordinary, meritorious performance that goes beyond expected or required productivity,
  ☐ Successfully completed a special project of significant importance to warrant special recognition, or
  ☐ Organizing/implementing an innovation that improves efficiency, reduces costs or increases revenue, or
  ☐ Assumed and successfully performed an additional workload for a defined period of time.

Description of performance justifying the Spot Bonus Pay:

________________________________________________________________________________________

____________________________       _____________
Direct Supervisor Signature        Date

______________________________  ____________________________ _____________
Unit Head Name (printed)   Unit Head Signature   Date
Submit completed form with appropriate signature and approvals to UTHSC HR

☐ UTHSC HR Review

Previous Payment Date (if applicable) ____________

__________________________  ____________________________ _____________
Chief of Staff/Designee Name (printed)  Chief of Staff/Designee Name (signature)
Date

Requesting unit will process Additional Pay E-Form in IRIS once request has final approval of Chief of Staff/Designee.

UTHSC Spot Bonus Pay
8/24/2018