



AWARD AND INCENTIVE PAY

Employee Name: _____	SSN: _____
Title: _____	Class Code/Slot: _____
Department: _____	Dept. Number: _____
Current Base Salary: _____	Recommended Award/Incentive Increase: _____
Proposed Award Date: _____	

Document the basis of your request for submittal to the Budget and Control board (attach supporting data, if necessary):

PURPOSE AND EXPLANATION:

Contributions to Increased organizational productivity

Development and/or implementation of Improved work processes

Exceptional customer service

Realized cost savings

Other specific contributions to the success of the organization

BASELINE HISTORICAL DATA (should include previous fiscal year data if available):

TARGET GOALS:

REALIZATION OF GOALS (SUCSESSES):

VERIFICATION/AUDIT OF DATA:

SOURCE/TYPE OF FUNDING:

Approval:		
_____	_____	_____
Immediate Supervisor	Department Head or Representative	Dean (if college employee)
Human Resources Approval: _____	Effective Date: _____	