TO:

FROM:

THRU:
               (for department signature approval)

DATE:

SUBJECT: **BONUS OTHER (EC710)**
Use for EClasses CR, CT, FN, FR, FW, NT, NX, XT and XX only.
Refer to "Payroll Action Items by EClass" for instruction on bonus payments to other EClasses.

Employee Name: **Employee ID#:**

Employee TKL: **Amount:**

Employee Eclass: **Fund/Org to Charge:**
*NOTE: Bonus **cannot** be charged to restricted funding.*

Reason for Bonus (attach additional sheets as needed)