

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON DC

**DIVISION OF HUMAN RESOURCES
REQUEST FOR A LUMP-SUM PAYMENT AS A BONUS**

Employee Name: _____

Employee Title: _____

Employee GWID: _____ SSN #: _____

Time Frame The Bonus Covers: _____

Criteria Used to Determine Bonus/ Bonus Amount: _____

Amount of Lump-Sum Payment Bonus: _____

Banner Org # and Account to Charge: _____

Pay Option: Direct Deposit Check

When bonus payment is ready, please contact: _____ / _____
Contact Name Phone Number

_____ @ _____
Email Address

Departmental Approval: _____ Date: _____
Name and Signature

VP Approval: _____ Date: _____
Name and Signature

HR Approval: _____ Date: _____
Name and Signature