Print Form

UNIVERSITY OF CINCINNATI
Wage Progression/Lump Sum Bonus Form

I. Employee Information

Employee Name _____ UCID _____

Title _____ ML _____

College/Unit/Department _____

II. Wage Progression or Lump Sum Bonus Information

Date of Meeting with Supervisor _____

Select One

☐ **Lump Sum Bonus**

Amount Requested _____

☐ **Wage Progression**

Amount Requested _____

Reason for Wage Progression or Lump Sum Bonus

☐ Initiative/Problem Solving

☐ Service Orientation/Department or Institution Perspective

☐ Operational Effectiveness/Resource Management

☐ Special Projects

☐ Outcomes and Results

Justification-Please include effective date if applicable *(may attach additional documentation)*

III. Individual Completing Form

Name _____ Phone _____

Title _____ ML _____

Sign _____ Submission Date _____

IV. Approvals and Signatures

Employee _____ Date _____ Phone _____

Supervisor _____ Date _____ Phone _____

Department Head _____ Date _____ Phone _____

Funding Source Acct Line _____

V. VP/VP Designee Determination

☐Approved ☐Denied

Reason:

_____ _____

VP/ VP Designee Date