

EMPLOYEE BONUS FORM

Employee Name: _____ Employee ID: _____

Department Information:

Department Name: _____

Manager/Supervisor: _____

Bonus Details:

Bonus Amount: _____ USD

Bonus Type: _____

Payment Method: _____

Performance Criteria:

Description of Goals/Targets: _____ Detail the specific objectives or performance targets the employee must meet to qualify for this bonus. Include measurable and verifiable criteria.

Evaluation Period: _____

Terms and Conditions:

1. This Bonus Form is subject to the terms of the Employee’s Employment Agreement and applicable Company policies. 2. The Bonus Amount is discretionary and contingent upon satisfactory performance and approval by authorized personnel. 3. The Company reserves the right to modify, revoke, or withhold this bonus in accordance with business needs and applicable law. 4. Payment of the bonus does not create an entitlement to future bonuses. 5. All taxes and statutory deductions applicable to the bonus payment shall be withheld by the Company. 6. This Bonus Form and any disputes arising hereunder are governed by the laws of the United States and the applicable state laws.

Acknowledgment and Signatures:

I hereby acknowledge and accept the bonus terms described above.

Employee Signature

Date

Manager/Supervisor Signature

Date

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