

## CRITICAL SHORTAGE STAFFING BONUS FORM

General Information		
<b>Employee Name:</b>		Date Worked:
<b>Job Title:</b>		
<b>Department:</b>		
<b>Pay Period End Date:</b>		
<b>Position Worked:</b>		
<b>Eligibility Requirements:</b>		
<b>Current Hourly/Time &amp; Half Rates:</b>		

Pre-Established Bonus Hours					
Shift Rate:		X	Hours:	=	Staffing Bonus:
		X		=	

"Other" Bonus Hours					
Shift Rate:		X	Hours:	=	Staffing Bonus:
		X		=	

Shift Rate:		X	Hours:	=	Staffing Bonus:
		X		=	

Comments

Approval Signatures-Return to HR	
Manager/Supervisor Approval	Date
VP Approval	Date
HR Manager Approval	Date