



Bonus Request Form

Complete Bonus Request Form and submit to your PICS Service Coordinator.

If you do not know your Service Coordinator contact information, please send the form to our general line (see below).

Email: info@picsmn.org

Fax: 651-967-5061

Mail: 1605 Eustis Street, St. Paul, MN 55108

Worker Name (Receiving Bonus): _____

Participant Name: _____

Representative Name: _____

Bonus Amount Requested: \$_____ (bonus amount must be approved in Participant's plan)

- Bonus amount will be processed in the next payroll run according to the Payroll Schedule.

Representative Signature

Date

| Do not write in this space. For office use only. | | |
|--|-------------------------------|--------------------------------|
| FEA or PICS | Date of EBD Line (1 day only) | Service Coordinator's Initials |
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