

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).

***Due date: Bonus requests are due by Monday at noon, following the standard PICS Payroll Schedule. Eligible requests are processed for the next scheduled payday.**

Email: info@picsmn.org

Fax: 651-967-5061

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

Worker Name (Receiving Bonus): _____

Participant 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 Name: (print) _____

Representative Signature

Date

Office Use Only

| | | | | | | |
|----|--------------|------|------|-----------------------------------|----|-------------|
| SC | Program Type | | | Date of EBD Line (1 day only) | | SC Initials |
| | CSG | CDCS | PICS | | | |
| HR | EBD Added | | | Drop Doc in CRM & Copy to Payroll | | HR Initials |
| | YES | NO | | YES | NO | |