

BONUS / COMMISSION PAYMENT FORM

This form should be completed, signed, and faxed to The Employer Group no later than the Monday of the week in which you would like the monies paid out to the employee. If not received by then, it may result in a delay in payment until the next pay period.

Name of Employee:		
Name of Client Company:		
Amount To Be Paid Out:		
Date Amount Should Be Paid:		
This is Bonus / Commission <i>(please specify):</i>		
Reason for Bonus / Commission: <input type="checkbox"/> Holiday <input type="checkbox"/> End of Year <input type="checkbox"/> Monthly <input type="checkbox"/> One-Time <input type="checkbox"/> Other: _____		
BONUS	If bonus – other than holiday bonus – explain how bonus was calculated (e.g., \$X per quote given during the month of September). If you have a bonus plan for that employee, that along with the documentation explaining your calculation needs to be attached.	Number of Pages Attached: _____
COMMISSION	If commission, two things are required to pay the commission: 1) A copy of your company's commission plan or agreement for this employee. If you have already sent one to us for this employee, then we have the agreement on file and do not need a new copy every time a commission is paid out unless the agreement has changed. 2) An itemization of how the commission was calculated. The itemization should include the items sold or other information sufficient to be able to verify how the commission was calculated (e.g., X% of revenue received in September). We require a new itemization for every commission payment.	Number of Pages Attached: _____

By signing below, I attest that the above information is accurate and complete.

Supervisor's Signature: _____ Date: _____

FAX COMPLETED FORM AND DOCUMENTATION TO THE EMPLOYER GROUP AT 800-319-0516.

For The Employer Group's Use Only			
Date Received by TEG:		TEG Name & Date Approved:	