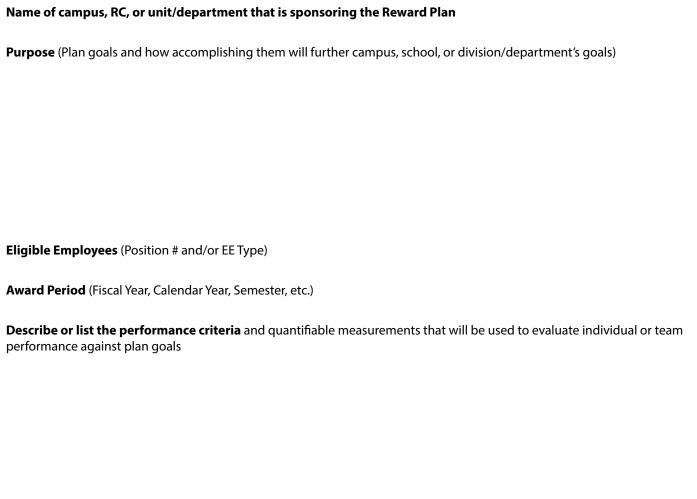


## **Incentive Pay or Commission Plan Document**

Please refer to the policy, Reward Plans and Recognition Plans for details regarding the plan provisions contained in this form.

This is a fill-able PDF. To enter information, use the TAB key or place the cursor in the shaded field. When you are finished entering the information, print the form, sign/date, and route for approvals.



## **Estimated Plan Cost**

Number of individual awards anticipated

Amount of individual award

Total estimated expense for award period

Timeframe for Award Payment (generally within 30 days following end of award period)

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## **Approvals**

Please route this printed plan document for signatures.

Unit/Department	Date
Plan Administrator (oversees compliance of this Reward Plan)	Date
Vice President, Chancellor, Provost or RC Head	Date
Campus Budget Office (UA – University Budget Office)	Date
University Human Resources Office	Date

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