

# Consumer Directed Services Bonus Request

## Criteria for Bonus Approval:

- **The CDS Department must receive this request at least 21 days prior to the desired bonus payday.**
- Request is consistent with your Individual Program Plan Budget. Sufficient funds remain within your budget. **Sufficient hours have been worked to earn bonus.** Bonus is for a currently employed attendant.
- **Please Note!!** Payroll Taxes must be withheld from Bonuses. Your Attendant's check will be net of taxes.

Client Name:

CDS Program Name:

Employer Bonus Request for Attendant (Name):

Attendant:

Check the appropriate request below (check one only):

- Hire-On Bonus: \$ \_\_\_\_\_ Please Note: I understand that the Hire-On Bonus must be earned-out within the first 3 months of employment. If employee terminates early, compensation must be made.
- Budgeted Bonus: \_\_\_\_\_ Please Note: If there are insufficient funds in my Bonus Account, please advise me of the available balance.
- My budget fiscal year ends within 30 days. When all timesheets have been received, please analyze my remaining expenses to determine if there will be remaining funds available that have been accrued from hours worked that can be paid as a bonus. If so, advise me of the remaining balance. I understand these funds will be paid out the payroll following the payroll containing the end date of my current plan year.

\_\_\_\_\_  
Employer Name (Print)

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**Return this form to: Helping Restore Ability, CDS Department, 4300 Beltway Place, Suite 103, Arlington, TX 76018**  
**For a more timely response, send it by FAX: 817/275-2163, or by EMAIL: [cdstimesheets@hratexas.org](mailto:cdstimesheets@hratexas.org)**  
*If you need help with completing this form, please call the CDS Department at 817-469-1977*

## CDS Department Review Response

Date Received: \_\_\_\_\_ Date Returned to Employer: \_\_\_\_\_

We have reviewed your bonus request and determined the following:

- Your bonus request is approved for the entire amount and will be paid \_\_\_\_\_.
- We suggest that you revise your bonus request to the amount listed below, which will not require a budget revision.
- We found insufficient funds to approve the entire bonus amount. We revised your budget in order to allow the bonus amount listed below. With your approval, sign the attached revised budget and return it with this form. Initial below to indicate your approval to pay the revised bonus amount listed below.
- Your fiscal budget ends \_\_\_\_\_. We estimate that there will be funds available in the amount listed below. With your approval, these funds will be reallocated into your Bonus Account.
- We are sorry that we were unable to approve your bonus request due to insufficient funds. A quarterly budget report is attached for your review.

**Review the bonus amount below. For your approval, initial and date below and return this form to the CDS department as soon as possible for processing.**

Bonus Amount: \$ \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_