

# Incentive Pay or Commission Plan Document

Please refer to the [Reward Plans and Recognition Plans](#) policy for details regarding the plan provisions contained in this form.

To enter information, use the TAB key or place the cursor in the shaded field. When you are finished entering the information, electronically sign and date the 2nd page, then route for approvals. Please reach to [hrcomp@iu.edu](mailto:hrcomp@iu.edu) with questions.

**Name of campus, RC, or unit/department that is sponsoring the Plan**

**Purpose** (Plan goals and how accomplishing them will further campus, school, or division/department's goals)

**Eligible Employees** (Positions and/or Employee Types)

**Award Period** (Fiscal Year, Calendar Year, Semester, etc.)

**Describe or list the performance criteria** and quantifiable measurements that will be used to evaluate individual or team performance against plan goals

## Estimated Plan Cost

Number of individual awards anticipated

Amount of individual award

Total estimated expense for award period

Account Number to be used for payments

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

**Approvals**

Please route this plan document for electronic signatures. Once all other approvals have been secured, route to IUHR Compensation to be finalized.

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
Campus Human Resources Office	Date
IU Human Resources Compensation	Date