

Student Bonus Request Form

Therapist: _____

Student: _____

Student affiliation time: From _____ to _____

- Full Time clinical
- Part Time clinical
- Successful completion of an affiliation has occurred.

Supervisor Signature: _____

When top portion completed, fax to 630-238-5689 or scan to Terrie.knebelsberger@cptrehab.com

(for office purposes only)

- Bonus approved: _____
(Initials)
- Therapist notified: _____
(Initials)
- Payroll date paid: _____
(Initials) _____
(date bonus paid out)