REQUEST FOR LUMP SUM PAYMENT FOR CIVIL SERVICE EMPLOYEE
(Approvals must be obtained PRIOR to service(s) being performed)

Name of Employee Providing Service(s) _____________________________ UIN ____________

Employee’s Home Dept __________________________________________________________

Person Requesting Service(s) _______________________________ Unit ____________________

Requesting Unit Contact ___________________________________________________________

Amount to be Paid $_________________

Describe service(s) to be performed and indicate specific reason(s) for selecting this employee to provide the service(s) (attach separate sheet if necessary):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

FOR NON-EXEMPT CIVIL SERVICE EMPLOYEES ONLY:

It is hereby agreed and understood that when I work for the University of Illinois in my regular capacity as a(n) _______________________, I will be paid $___________ per hour for all straight time hours worked and $_________ for all overtime hours worked. It is further agreed and understood that whenever I work for the University in the secondary capacity of a(n) _______________________, I will be paid $ ___________ per hour for all straight time hours worked and $___________ per hour for all overtime worked. In any week where my hours worked in my regular capacity equal or exceed a full-time workweek, all of my hours worked in my secondary capacity will be paid at time and one half my straight time rate for that secondary position, if applicable.

Employee’s Signature ________________________________ Date _______________

Requesting Unit approval ________________________________ Date _______________ 

Employee’s Home Unit approval ____________________________ Date _______________

Scan form with all required signatures and attach to the Human Resources Front End (HRFE) Transaction after services are complete for entry into Banner. You must also attach the email from Classification & Salary Administration at SHR, approving the Lump Sum and the completed time sheet to the HRFE Transaction.

07/01/2015