

Employee Name: **OR** See Attached ListGEMS ID: Emp Record No: Department No:

Pay Group:

Amount of Compensation: Combo Code:**One-Time Lump Sum Payment Type Requested:**(CDC) Contractual Deferred Compensation - *attach the contractual agreement document*

(FRW) Faculty Retreat/Workshop

(RSP) Research Subject Payment - *used for paying lump sums to subjects through Payroll. Not for reporting payments already made in cash by the department directly to the employee.*(SET) Settlement Payment - *attach the settlement document*

(SIS) Student Internship Supervision

(TDS) Thesis/Dissertation Supervision

Recurring Lump Sum Payment Type Requested:(AAA) Auto Allowance - *monthly allowance to start:*(106) Uniform Allowance - *bi-annual Police Department uniform allowances starting:***One-Time Additional Hours Worked Payment Requested:**(SAH) Salaried Additional Hours Hours to be Paid:****Explain the reason for the additional hours to be paid**

Prepared by:

Certified by:

Date:

Date:

Email/Phone:

Email/Phone:

Signature:

Signature: