**Lump Sum Payment Request NOT using PVL System**

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|  |
| Primary Contact (name/phone/email): |  |
| Secondary Contact: |  |
| Department Name: |  |
| Department UDDS: |  |
| Begin Date: |  |
| End Date: |  |
| Lump sum payment amount: |  |
| One-time or recurring payment: |  |
| Percent time (FTE) and/or approximate # of hours to be worked (if applicable): |  |
| Fund - Activity - Account to be charged: |  |
|  |
| Title: |  |
| Description of award/scholarship/work performed: |   |
| Supervisor (name/phone/email): |  |
| If award/scholarship, Scholarship Coordinator Name: |  |
| Justification (*please explain why using lump sum and why this individual is best for this project*): |  |
|  |
| Name of Employee: |  |
| Employee ID # and Empl Record #: |  |
| Does individual hold an active UW appointment?: |  |
|  |
| Signatures/date: |  |
| Individual initiating request: |  |
|  |
| CALS HR Manager approval: |  |
| CALS HR payment entry: |  |

*Please attach any supporting documentation (i.e., award letter, award criteria, award committee, etc.) that would be helpful in reviewing this request.*