UNIVERSITY OF ILLINOIS SYSTEM

Request for Lump Sum / Service in Excess of 100%
Overtime Exempt Employees

Approvals must be obtained ***PRIOR*** to service(s) being performed.

Employee Name: _____ **UIN:** _____

Employee Position Title: _____ **Employee Home Dept:** _____

Employee Position Funding CFOP(s): _____
Funding may not exceed 95% on sponsored funds during the approved period for excess service.

Person Requesting Service: _____ **Unit:** _____

Requesting Unit Contact: _____

Actual Service Dates: _____ **Amount to be Paid:** _____

CFOP(s) for Service: _____

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

_____

_____

_____

_____

_____

Employee's Signature: _____ Date: _____

Requesting Organization Approval: _____ Date: _____

Employee's Home Organization Approval: _____ Date: _____

System Human Resource Services Approval: _____ Date: _____

*This form is used for System Office employees doing additional services for another System Office unit, or their home unit.

SYSTEM HUMAN RESOURCE SERVICES
URBANA 807 South Wright Street, MC 312 | Champaign, IL 61820 | (217) 333-2600 | Fax (217) 239-6706
CHICAGO 809 South Marshfield Avenue, MC 078 | Chicago, IL 60612 | (312) 996-5130 | Fax (312) 996-6005