

**Lump Sum Payment Request**

**NO VERBAL, WRITTEN OR IMPLIED WORK AGREEMENT CAN BE MADE PRIOR TO THE COMPLETION OF THIS LUMP SUM FORM.  
ALL OFFERS OF EMPLOYMENT FOR LUMP SUMS WILL BE MADE BY HUMAN RESOURCES.**

Please mark if the individual is:

Non-WIU employee (Services performed are intended to be occasional in nature and not ongoing. **A background investigation and employment paperwork (I-9, Trainings, DCFS, SURS, Payroll) will be completed after HR makes an offer of employment.**)

Civil Service Salaried (The requested service is not related to the employee's current job and will not be performed during regular work hours unless the employee's current unit supervisor approves accrued leave or time without pay.)

Civil Service Hourly (awards/stipends only)

*This form is not utilized for current WIU undergraduates, graduate students, and graduate assistants.*

*Lump Sum payments are processed on the semi-monthly payroll with pay dates on the 1<sup>st</sup> or 16<sup>th</sup> of the month.*

**Individual Recommended for Employment with Lump Sum Payment:**

Legal Name: \_\_\_\_\_ WIU ID: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Description of assigned duties: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Total Lump Sum Amount: \_\_\_\_\_ Payment amount comments: \_\_\_\_\_

Budget Department Number: \_\_\_\_\_ Budget Department Name: \_\_\_\_\_

Work Department Number and Name if different from Budget Department: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Phone \_\_\_\_\_ Date: \_\_\_\_\_  
*Employing fiscal agent must verify availability of funding prior to submitting request.*

(Required) Vice President: \_\_\_\_\_ Date: \_\_\_\_\_  
*(For Provost area only – Dean signature sufficient for payments \$3000 or less)*

(Required) Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored Projects/Foundation Accounts: \_\_\_\_\_ Date: \_\_\_\_\_  
*(For grant or foundation budgets only)*

Vice President for Finance and Administration: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Required for lump sum payments for services beyond 3 months)**

(Required) Budget Office: \_\_\_\_\_ Date: \_\_\_\_\_

(Required) Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_