LP-1 Form (rvsd 3/07)

LUMP-SUM PAYMENT FORM

Name: _____ Position Number: _____

Department: _____ Charge Code: _____

Employee: I am requesting payment of Lump-Sum for the following achievement:
Employee Job Related Enhancement Achievement
(Please check one):
_____ Certification/Associate Degree (2%)

_____ License (3%)

Degree (5%): ____ Bachelor's ____ Master's ____ Doctorate
(Certified copy of transcript indicating degree conferred, license or certification must be attached)

_____ _____
Employee's Signature Date

Supervisor: Please supply justification for your recommendation, indicate factors considered:

_____
_____
_____
_____
_____

_____ _____
Supervisor's Signature Date

REQUIRED APPROVALS

_____ _____
Vice President's Signature Date

_____ _____
Director of Human Resources Date

_____ _____
Planning and Budget Date