

**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. Include e-class and FTE

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):

Oral Proficiency Certification:

Required by faculty and academic staff providing classroom instruction who are non-native English speakers, except those who teach foreign languages.

Proposed appointee has sufficient oral English language proficiency to provide instruction on this campus. Indicate basis for certification of oral English language proficiency:

- Formal Interviews Assessment of Candidate by Colleagues
 Public Presentations Other, please explain

Employee's Signature _____ Date _____

Requesting Unit Approval _____ Date _____

Requesting College Approval _____ Date _____

Employee's Home Unit Approval _____ Date _____

Employee's Home College Approval _____ Date _____

Additional LAS Approval (*school etc*) _____ Date _____

Illinois Human Resources Approval _____ Date _____

IHR approval required for amounts over \$5,000.

Chancellor's Approval _____ Date _____

Required for faculty members on sabbatical leave.

HR Contact Processing Instructions: Attach the final approved form to the HR Front-End (HRFE) transaction upon completion of services.

LAS revision 6/11/21