

**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 Other, please explain

____ Public Presentations

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