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

College of Liberal Arts & Sciences

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

Employee Name:	UIN:
Employee Title:	Home Unit:
E-class: FTE:	
Employee Position Funding CFOP(s) Funding may not exceed 95% on sponsored):d funds during the approved period for excess service.
Person Requesting Service:	Unit:
Requesting Unit Name & Email:	
Actual Service Dates:	Amount to be Paid:
Describe services to be performed a	ne 211450 for Academic or 215930 for Exempt CS and indicate specific reason(s) for selecting this employee to attend the sheet if necessary): Please specify if work is an overload.
those who teach foreign languages. Proposed appointee has sufficient oral Indicate basis for certification of oral English	viding classroom instruction who are non-native English speakers, except English language proficiency to provide instruction on this campus. h language proficiency: tationsAssessment of Candidate by Colleagues 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	AdobeSign for LAS College approval.
Additional LAS Approval (school, etc., if required)	Date
Illinois Human Resources Approval –	Date Date in AdobeSign for IHR approval required for amounts over \$10,000.
	Date

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

Ensure that pay amount, reason, and actual service dates are listed in the HRFE transaction comments. *LAS revision 2/6/25*