

INSTRUCTIONS FOR COMPLETING THE LUMP SUM INCREASE FORM

Complete all sections of the form. **Forms not filled out completely will be returned to the Department.**

Purpose:

Lump Sum Increases allow for compensation above the maximum of recipient's pay grade. Lump Sum Increases are used as part of or in lieu of an annual fiscal year increase to base pay and in accordance with annual legislative operating budget guidelines. Frequency of payment (annually, bi-annually, quarterly, etc.) to be determined by department. Please note: Separate forms are required for each frequency of payment.

Prepared By:

Please include all the information in this box. If there are any questions or missing information on the Lump Sum Increase form, this is who will be contacted. Omitting this information will cause delays in processing the form.

Payment:

- A. *Department Name:* Enter the department initiating the form for payment.
- B. *Org ID:* Enter the department/organization ID number for the department initiating the payment.
- C. *Employee Name:* Enter the employee's name.
- D. *Pay Group:* Enter the employee's Pay Group.
- E. *Employee ID #:* Enter the employee's ID number. (This number must be identical to the number on the ePAF.)
- F. *Amount:* Enter the gross amount of the Lump Sum to be paid
- G. *Pay Period Dates:* Enter the starting and ending dates of the pay period for which payment is to be made.
- H. *Chartfield:* Enter the Chartfield to be charged for these earnings.
 - BU** - Business Unit
 - Org ID** - Organization/Department ID
 - Activity**- Activity Number (Projects are not allowed to be charged)
 - Account** - Account Number
 - A/U** - Allowable/Unallowable (1/0)

Approval:

The approval signature of Dean/Chair/Department Head and Cognizant VP is required.

This form is due to the Payroll Department, 420 Wakara, no later than 12:00 pm the last day of the pay period.

University of Utah Payroll Department Lump Sum Increase Form

Prepared By: _____	Email: _____
Phone: _____	Date: _____

Lump Sum Increases allow for compensation above the maximum of recipient's pay grade. Lump Sum Increases are used as part of or in lieu of an annual fiscal year increase to base pay and in accordance with annual legislative operating budget guidelines. Frequency of payment (annually, bi-annually, quarterly, etc.) to be determined by department. Please note: Separate forms are required for each frequency of payment.

PLEASE SEE INSTRUCTIONS FOR COMPLETION OF THE LUMP SUM INCREASE FORM.

Department Name: _____ Org ID: _____

Employee Name: _____ Pay Group: _____

Employee ID #	Record #	Earnings Code	Additional Sequence	Amount
		LSI		

Pay Period Dates		Chartfield				
Start	End	Bu (2)	Org ID (5)	Activity/Project (8)	Account (5)	A/U (1)
						1

MANDATORY:

Reason for Lump Sum Increase (please provide details):

I certify the Lump Sum increase issued as part of or in lieu of an annual fiscal year increase to base pay for the above listed individual.

Dean/Chair/Dept Head

Date

Cognizant VP Signature

Date

Printed Name and Title of above Signature

Printed Name and Title of above Signature

Review and approval from the Office of Sponsored Projects is required if any portion of compensation paid to this employee is from federal grants or contracts. If any compensation is received from a project (5XXXXXXX), has advanced written approval from the agency(ies) been obtained? YES NO

Office of Sponsored Projects (if required)

Date

This form is due to the Payroll Department, 420 Wakara, no later than 12:00 pm the last day of the pay period.