

GEORGETOWN UNIVERSITY LUMP SUM PAYMENT FORM

I. EMPLOYEE INFORMATION

Name (L,F,MI): _____

 Pay Group: **10 or 20**
(Circle Pay Group Number)

SSN: _____

Home Dept. #: _____

Regular Pin: _____

Regular Class Code: _____

Lump Sum Payment Pin: _____

Lump Sum Payment Class Code: _____

II. PAYMENT INFORMATION

 REASON FOR PAYMENT: _____

DATE(S) OF SERVICE OR PERIOD COVERED: _____

| \$\$ AMOUNT | COST CENTER | FUNCTION |
|-------------|-------------|----------|
| | | |
| | | |
| | | |

IV. PAYMENT TYPE
 One Time Payment: Amount \$ _____

 Multiple Payment: Total Contract Amount \$ _____ Number of Payments _____

III. PAYMENT CATEGORY:

- Administrative Stipend
- Acting Pay *
- Other Academic Employment *
- Night and Weekend Coverage
- Incentive Payment *
- Snow Emergency, Facilities
- Grant *
- Housing Allowance
- Honorarium
- Leave Pay Out
- Moving Expense Reimbursement (Taxable)
- Negative Payment
- Other Staff Employment
- Other
- Retroactive Payment
- Special Recognition Payment
- Severance **
- Top Off
- Tuition Reimbursement (Taxable)

* Denotes categories that can be multiple payments

** Payment must be authorized by Vice President/Executive Vice President or Designee

V. SIGNATURES

See chart on back of form for required signatures. For RX accounts, I certify that I have first-hand knowledge of (or have suitable means of verifying) work performed by this individual and that the salary distribution is reasonable in relation to the work performed.

Preparer=s Name: _____

Phone #: _____

Department/Date: _____

EVP/VP or Designee/Date: _____

Human Resources/Date: _____

VI. Supporting Documentation is attached: No Yes, as listed: