



STUDENT LUMP SUM PAYMENT FORM

STUDENT INFORMATION

Student Name _____ Empl ID _____

Working Title _____ Empl Record # _____

Department _____ Work Location _____

LUMP SUM PAYMENT REQUEST

Type of Request

- New lump sum payment request
- Change previous lump sum payment request
- Stop lump sum payment

Reason for Request _____

Job Begin Date _____ Job End Date _____

NEW/CHANGE PAYMENT

STOP PAYMENT

Total payment _____

Last day of employment _____

Number of payments _____

Last pay period _____

Amount per pay period _____

Amount to be paid _____

Expected pay date(s) _____

FUNDING INFORMATION

Fund (3 Digits)	Dept ID (6 Digits)	Program (1 Digit)	Distribution %

APPROVER SIGNATURE

Name: _____ Signature: _____ Date: _____

HR Use: Processed By: _____ Date: _____