Division of Continuing Education

SELF FUNDED PROGRAM PAYMENT REQUEST

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| **Today’s Date:** |
| **Dept. Contact** Name:       Phone:       Fax:       Email: |

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| --- | --- | --- |
| **PAYEE’S NAME** | **UFID** | **TITLE** |
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| --- | --- | --- |
| **COLLEGE** | **DEPARTMENT** | **ADDRESS** |
|  |  |  |

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| **Dates of Service:**       **to**        **Number of Hours:** |
| **Supervisor’s Name:**       **UFID:** |
| New hire to UF (paperwork attached)  Current UF Employee  Retiree (attached Rehire Retiree Exception Form)  Terminate appointment  Extra State Comp **OR**  Lump Sum Payment (LSP)  Services associated with:  Credit Course  Non-Credit Course |

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| **DEPT ID** | **FLEXFIELD** | **EARNINGS AMOUNT** | **GOAL AMOUNT** |
|  |  |  |  |

**SERVICES PROVIDED:**

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| **DO NOT WRITE IN THIS SPACE**  **HRAC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **HR600 on file\_\_\_\_\_\_\_\_\_\_\_\_** |

The above service(s) have been completed and I authorize payment.

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| |  |  |  | | --- | --- | --- | | / |  | / | | Department Chair Signature Date |  | DCE Signature Date |  |  |  |  | | --- | --- | --- | |  |  | Barbara Bennett | | Printed Name |  | Printed Name |  |  | | --- | | / | | College of DCP, Assoc Dir of Admin Date |  |  | | --- | | Kutonya Sowell | | Printed Name | |