

THE UNIVERSITY OF ARIZONA.

RECOGNITION AWARD COMPENSATION FORM

Employee Information

Employee Name _____ Department Name _____
Empl ID _____ Department # _____
Title _____ FTE _____
Annual Salary _____

Employee Category Administrative Faculty Student
 Classified Staff Professional Staff

Payment Information

Position # _____ (to be assigned by Systems Control) *Award Amount _____
Account # _____ mark if net award amount requires "gross-up" calculation
Initiator Name _____ Date to be Paid _____
Phone # _____ Date Check Needed _____

(If separate check)

NOTE: If person picking up check (e.g., committee chair) is not typically authorized to pick up paychecks, please send advance written notification to Payroll authorizing special pickup.

If non-monetary award, describe below (e.g., merchandise certificate):

***Note:** Awards processed through the payroll system must have applicable withholdings made for the employee's taxes. Some units may wish to budget for these withholdings in order to give a specific net cash award amount. The standardized "gross-up" calculation procedures are performed by payroll. (Gross-up approach is NOT available for non-monetary awards.) Also, **units should ensure the employee ERE has been budgeted.**

Authorizations/Processing

I confirm that I am a responsible official of the University for the purpose of authorizing payment to the above named person for the described recognition award (monetary or non-monetary).

Departmental Authorization _____ Date _____

Financial Aid _____ Date _____
(only for student worker award to check for possible impact on financial aid)

Payroll _____ Date _____
(for applicable calculations and check/award processing)