

# THE UNIVERSITY OF ARIZONA.

## RECOGNITION AWARD COMPENSATION FORM

### Employee Information

Employee Name \_\_\_\_\_ Department Name \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ Department # \_\_\_\_\_  
Title \_\_\_\_\_ FTE \_\_\_\_\_  
Annual Salary \_\_\_\_\_

Employee Category  Administrative  Faculty  Student  
 Classified Staff  Professional Staff

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### 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):

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**\*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.**

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### 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)

Revised 8/06