

**Submission to the Additional Remuneration Committee
Special Lump Sum Payment**



Employee Name:		Employee No.:
Department:		BA#:
Branch:	Division:	
Regular Position Title:		
SAP Position No.:	Classification:	Step:
Assigned Position Title:		
SAP Position No.:	Classification:	Step:
REASON FOR REQUEST		
REQUESTED LUMP SUM		
Calculation Part 1		
Date from:	Date to:	
Current Classification:	Step:	Bi-weekly Pay:
Assigned Classification:	Step:	Bi-weekly Pay:
Bi-weekly Difference:	No. of Pay Periods:	
Total Amount:		
Calculation Part 2 (To be used only if the employee has received a merit increment during the submission time frame.)		
Date from:	Date to:	
Current Classification:	Step:	Bi-weekly Pay:
Assigned Classification:	Step:	Bi-weekly Pay:
Bi-weekly Difference:	No. of Pay Periods:	
Total Amount:		
Total Special Lump Sum Payment Requested:		
<input type="checkbox"/> <i>Pay and Benefits verified the above calculations.</i>		
Additional Comments:		

RECOMMENDED BY	
Employing Authority:	Date:
Human Resources Director:	Date:
Deputy Minister or Designate:	Date:
FOR TOTAL REWARDS USE ONLY	
Following is an excerpt from the Minutes of the Public Service Commission Additional Remuneration Committee meeting of _____ that approves the following:	
Employee Name:	Employee No.:
Department:	BA#:
Branch:	Division:
Regular Position Title:	
Total Special Lump Sum Payment:	
Rationale:	
Notes:	
Director, Total Rewards:	Date:

**Public Service Commission Policies - Pay Practices
Specific to Lump Sum Payment**