

## Authorization for Sponsored Program Related and Other Supplemental Compensation

### I. Personnel Data (Employee)

Name: \_\_\_\_\_ State ID Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

College/School/Unit: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Employment Contract Period: 9 Month \_\_\_\_\_ 12 Month \_\_\_\_\_ Administrative Faculty \_\_\_\_\_

### II. Program/Project Data

NSU Project No. \_\_\_\_\_ Project Title: \_\_\_\_\_ Project Position/Job \_\_\_\_\_

Project Period (Full award period): \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Budget Period (Annual budget period for this request): \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Assignment dates for requested compensation: \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Has release time been granted for this budget period? No \_\_\_\_\_ Yes \_\_\_\_\_ @ \_\_\_\_\_ Percent = Amount \$ \_\_\_\_\_

### III. Compensation Data

Have you requested/received supplemental compensation during the current employment contract pay period (Aug.15 – Aug.14)?

No ☐ Yes ☐ If yes, enter the following information:

	NSU Project or Dept. Number	Dates for Requested Pay (start date – end date)	Amount Requested or Received
1			\$
2			\$
3			\$
4			\$
		<b>Total</b>	\$

\* Institutional Base Pay (IBS) (Annual Contract Salary): \$ \_\_\_\_\_

Maximum amount of yearly supplemental compensation (Not to exceed 133% of IBS): \$ \_\_\_\_\_

\* Total amount of supplemental compensation received to date: \$ \_\_\_\_\_

Balance of supplemental compensation available as of this request: \$ \_\_\_\_\_

Current amount of supplemental compensation requested: \$ \_\_\_\_\_

Remaining balance of supplemental compensation available: \$ \_\_\_\_\_

\*The dollar amounts are to be verified by the Budget Office.

**For Sponsored Programs: The agency approved award budget and budget narrative/summary/justification for this budget period must be attached to this form.**

### IV. Approvals (as applicable or required):

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Principal Investigator/Project Director Date

\_\_\_\_\_  
Employee's Department Chair Date

\_\_\_\_\_  
Employee's Dean Date

\_\_\_\_\_  
Research and Innovation/Export Control Date

\_\_\_\_\_  
Grants and Contracts Accounting Date

\_\_\_\_\_  
Provost / Appropriate Vice President Date

\_\_\_\_\_  
Budget Office Date

\_\_\_\_\_  
President Date

\_\_\_\_\_  
Human Resources Date