Northwestern | HR OPERATIONS, REPORTING & ANALYTICS

Additional Pay Request

Note: Administrators with access to submit an Online Additional Pay Request should use the electronic version of this form located in myHR Administration, which will accept payment requests for faculty, students, and staff. This paper form is available for departments or units that are not authorized to submit additional pay requests online.

For more information about access to and training for the online request process, please contact myHR Help at myhrhelp@northwestern.edu.

Individual to Receive Additional Pay

Employee/Student ID Number:	Last Name:	First Name:
Primary Function: ☐ Faculty ☐ Staff ☐ Student	Home Department ID:	Home Department Name:

Requesting Department

Requesting Department ID:	Requesting Department Name:	Name of Requestor (person completing this form):

Proposed Payment Information

Service Begin Date:	Service End Date:	Total Hours of Work: *(biweekly staff only)*	Amount: *(per payment)*	Number of Payments:	Total Amount:
					$ 0.00

Funding

Funding Source(s):

☐ Unrestricted ☐ Gift ☐ Endowment ☐ Grant ☐ NMG (fund 720)

Fund:	FN Dept:	Project:	Activity:	Chartfield1:	Account:	Percent:
Fund:	FN Dept:	Project:	Activity:	Chartfield1:	Account:	Percent:

Accounts to Use: 60062 Kellogg Faculty; 60063 Faculty; 60102 Staff; 60120 Students; 60065 Northwestern Medical Group Payments; 60067 FSM Basic Science Incentives; 60105 Employee Research Subject Fees

Nature of Service

☐ Faculty Supplement (SUP)	☐ Staff Temp Assgnmt (TMA)	☐ Grad Studnt Grader (SGR)	☐ Childcare Support (CCS)
☐ Faculty Addl Assgnmt (AAS)	☐ Staff Recog Bonus (BON)	☐ Grad Studnt Suppl (SUP)	☐ Tuition Reimb (TUR)
☐ Faculty Honorarium (HON)	☐ Spec Cash Award (SCA)	☐ Student Award (AWS)	☐ Relocation (RCN)
☐ Faculty Consulting (CON)	☐ Prize or Award (AWD)	☐ NRSA Temp Work (SPD)	☐ Housing Suppl (HSS)
☐ Faculty Overload (OVL)	☐ Research Subj Fee (RSF)		☐ Imputed Comp (NON)
☐ Other School or Northwestern Medical Group earnings code: _____			

Mobile Communication:
(mobile allowances cannot be processed retroactively)

☐ *Allowance (MCA)*
☐ *Device (MCD)*
☐ *Allowance - Non-Taxable (MAN)*
☐ *Device - Non-Taxable (MDN)*

Justification *(not required for NMG payments)*

Describe the additional services for which you are requesting payment:

Why is this additional work necessary?

What role or function performed this work previously?

What is the impact to your department and Northwestern if this request is not approved? Who will perform the work?

APPROVALS

I certify that this individual is currently in paid status at Northwestern University; that payment cannot be communicated until I am notified of approval (except faculty and NMG payments); and that this request is in compliance with the Fair Labor Standards Act, the University's policy on Employment or Evaluation of Relatives, and Equal Employment Opportunity guidelines.

Requestor Name:	Signature:	Date:
Dept/Business Administrator Name:	Signature:	Date:
Requesting Department's School Approver Name:	Signature:	Date:
Assoc Dean/Head of Administration Name: *(staff requests only)*	Signature:	Date:
Faculty Member's Home School Signature: *(if different from the Requesting Department)*		
ASRSP Signature: *(if grant-funded, except research subject fee)*	OSR Signature: *(if grant-funded, except research subject fee)*	

COMMITTEE DECISION *(internal use for staff requests only)*

Decision: ☐ Approved ☐ Not Approved	Representative Name:	Signature:	Date:
Comments:			

rev. 2/23/18

PRINT SAVE CLEAR FORM