

EXTRA COMPENSATION REQUEST

Today's Date

Instructions:

- 1) Provide the employee's NUID#, name and position
 - 2) Complete and print the form, sign it and obtain ALL the required approvals
 - 3) Send it to the HRM Customer Service Center, 250 Columbus Place.
- All reviews and approvals need to occur PRIOR to any discussion with the employee.

NUID#

EMPLOYEE'S NAME

First Name

Middle

Last Name

Employee Type:

Faculty

Professional

Office Support/Technical*

Full Time

Part Time

*Only use for Earnings Code Reason REW

ADDITIONAL PAY INFORMATION

Earnings Code

Work Start Date
(If Applicable)

Work End Date
(If Applicable)

*Requires HRM Compensation approval (except for Faculty)

Description of Work Rationale

PAYMENT DETAILS

Earnings per Pay Period

Goal Amount (Total Amount)

Preferred Pay Date*

Number of Payments

Special Payment Instructions

* If multiple payments, this is the date of the first payment.

CHARGING SOURCE INFORMATION

Extra Comp Position Number

Index

Account Code(s)

Percentage

*Visit the HRM website for Extra Comp Position numbers needed at: <https://prod-web.neu.edu/webapp6/HRPositionLookup/secure/index.jsp>

Comments:

APPROVALS

Department/Unit Head

Extension

Date

Budget/RAF

Date

HRM Compensation

Date

HRM Operations

Date

HRM ONLY

Date Processed