

SPECIAL PAYMENT FORM

(To be used for One-time Overloads, Ongoing Overloads, Temp-Exemt Payments, etc.)

One-time Overload
 Ongoing Overload
 Cluster Overload
 Temp-Exemt

NSU ID #: _____

Employee Name: _____
(Last, First, Middle Initial)

Center/Department (Employee's Regular Dept): _____ Mail Location: _____

Special Payment Requested by (Center/Dept): _____

ONE-TIME PAYMENT

Teaching
 Non-teaching

Payment Date: _____
(Use Payroll calendar pay dates)

Payment Amount: \$ _____ Dates/Times work performed: _____

Purpose of Payment (Course/Location if applicable): _____

ONGOING PAYMENT

Teaching
 Non-teaching
 Check if changing an existing overload.

Biweekly amount: \$ _____ OR
 Spread \$ _____ over _____ pays

beginning: _____ to _____
(Pay period begin date) (Pay period end date)

Purpose of Payment: _____

ORG DISTRIBUTION

_____ - _____ %
 _____ - _____ %
 Org Account Org Account

Account number(s) should be coded accordingly:

1036 for temporary-exempt payments.
 1040 FACULTY Teaching Overloads

1039 for NON-FACULTY teaching overloads.
 1050 for non-teaching overloads.

Authorized Signature(s) **Date** **Contact Person** (Please Print) **Ext.** **Date**

HR USE ONLY:		HRIS ENTRY/PR AUDIT: _____ _____
_____	_____	
Human Resources Representative	Date	

White - OHR/Payroll Yellow - Department Pink - Employee

