

SPECIAL PAYMENT FORM

☐One-time Bonus (1054) ☐One-time	me Incentive (10	54) 🗌 Temp-Exempt (103	6) 🗌 Cluster O	verload (1033)
Note: this form should not be used to setup S	ummer Salaries.	Instead, please submit a	PAF to HR Co	mpensation
NSU ID#:				
Employee Name:				
(Last, First, Middle Initial)				
Center/Department (Employee 's Regular Dept):				
Special Payment Requested by (Center/Dept):				
ONE-TIME PAYMENT Teaching	☐ Non-teac	hing Payment		oll calendar pay dates)
Payment Amount: \$	Dates/Ti	mes work performed:		
Purpose of Payment (Course /Location if applicable)	ı:			
ONGOING PAYMENT Teaching	☐ Non-teach	ing Check if chang	ging an existing	g overload.
Biweekly amount: \$	OR Spread \$	Sover		pays
	beg	ginning:t	0	
		(Pay period begin date)		ate)
Purpose of Payment:	······································			
ORG DISTRIBUTION				
ONG BIOTRIBOTION	0/			0/
Org Account	%	Org Acc	-	%
Account number(s) should be coded account	ordingly:	C .		
1036 for temporary-exempt payments.	1054 for	Bonuses/Incentives	1033 for 0	Cluster Overload
Authorized Signature(s)	Date	Contact Person (Please Print)	Ext.	Date
HR/Payroll USE ONLY:				
IR Rep	Date	PR REP		Date