

Use this form for **all** items covered by [NCSU Policy 05.15.03](#), Non-Salary and Deferred Compensation. Items must be authorized in advance and must be paid from non-state appropriated funds in accordance with the policy.

Department/Unit	College/Division	Employee ID
First Name	Middle Initial	Last Name
Employee Title	<input type="checkbox"/> EHRA	<input type="checkbox"/> SHRA
		Position Number

Value of Non-Salary Compensation Item: <input type="checkbox"/> Approximate/Estimated <input type="checkbox"/> Actual/Exactly Anticipated Date(s) / Duration: Begin _____ End _____ N/A _____	Value Basis: <input type="checkbox"/> Total (one-time, non-recurring) <input type="checkbox"/> Total (intermittent during begin and end dates) <input type="checkbox"/> Per Month for _____ number of months <input type="checkbox"/> Per Month, Ongoing <input type="checkbox"/> Per Year, Ongoing
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Type of Non-Salary Compensation (check one) <input type="checkbox"/> Household Moving Expenses (section 4.1) <input type="checkbox"/> House-hunting Expenses (section 4.2) <input type="checkbox"/> Temporary Housing (section 4.3) <input type="checkbox"/> Remote Work Assignment (section 4.3.3) <input type="checkbox"/> Vehicle and Parking Costs (section 4.4) <input type="checkbox"/> Club Membership (section 4.5) <input type="checkbox"/> Athletic and Cultural Events Admission (section 4.6) <input type="checkbox"/> Discounts and Privileges (section 4.7) <input type="checkbox"/> Incentive and Overload Compensation (section 4.8) <input type="checkbox"/> Educational Assistance, Dependent Care and Related Benefits (section 4.9) <input type="checkbox"/> Other Non-Salary Compensation (section 4.10)	Details/Specifics about the item to be provided: _____ _____ Funding Source: _____ This item (check one): <input type="checkbox"/> Is pre-authorized for this type of position under provisions of NCSU Policy 05.15.03 <input type="checkbox"/> Requires approval by the Board of Trustees, in accordance with NCSU Policy 05.15.03. Submit completed form by BOT submission deadline to Director, EHRA Administration, Campus Box 7563 If paid by voucher through Financials, attach copy of this signed form to the invoice package
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Form Completed by: _____ Date: _____

Title: _____ Phone Number: _____ Email: _____

Department Head Approval

Print Name: _____ Signature: _____ Date: _____

Dean or Vice Chancellor Approval

Print Name: _____ Signature: _____ Date: _____

Chancellor/Provost Approval (if Board of Trustees approval is NOT required)

Print Name: _____ Signature: _____ Date: _____

Chancellor Approval (if Board of Trustees approval IS required)

Signature: _____ Date: _____

HR USE ONLY (notes)	Board of Trustees (UAC) Action <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____
---------------------	-----------------------------------------------------------------------------------------------------------------------