

Use this form for **all** items covered by [NCSU Policy 05.15.03](#), Non-Salary and Deferred Compensation. Authorization of items must be in advance and must be paid from non-state appropriated funds in accordance with the policy. HR signature is required for all non-salary and deferred compensation requests. Please send requests for HR signature to non-salary-deferred-comp@ncsu.edu

College/Division		Department/Unit	
College/Division Contact		Phone# & Email	
Employee ID	First Name	Last Name	
Position #	Employee Job Title		Project ID

Relocation Allowance (includes Household Moving Expenses, House-Hunting Trips and/or Temporary Housing)

Important: Relocation Allowances are taxable to the employee.

Flat Amount: \$ _____

Installments: # _____ Amount : _____ (per month)

Begin Date: _____ End Date: _____

Department Head/Unit Head/Manager

Print Name: _____ Signature: _____ Date: _____

Dean / Vice Chancellor (Signature required for all relocation allowance requests)

Print Name: _____ Signature: _____ Date: _____

Chancellor /Provost/Vice Chancellor (Signature required for exception requests that exceed designated relocation allowance limits)

Print Name: _____ Signature: _____ Date: _____

Remote Work Assignment (Out-of-State or Foreign-Duty Work Assignment)

Remote Work Assignment (Not to exceed \$2,500 per month limit/up to 12 months in duration):

Remote Work Assignment (\$2,501 - 5,000 per month limit / up to 18-months in duration): **Requires Chancellor Approval**

Remote Work Assignment (Exceeds \$5,000 per month limit / up to 18-months in duration): **Requires BOT Approval**

Out-of-State: City _____ State _____ Amount \$ _____ (per month)

Foreign-duty work assignment City _____ Country _____ Amount \$ _____ (per month)

Begin Date: _____ End Date: _____

Print Name: _____ Signature: _____ Date: _____

Chancellor/Provost/Dean/Vice Chancellor

Print Name: _____ Signature: _____ Date: _____

Chancellor (Signature required for remote work assignment between \$2,501 - \$5,000 per month)

Board of Trustees: (Approval required for remote work assignment that exceeds \$5,000 per month)

Approved Denied Approval Date: _____

Vehicle and Parking Costs (Not Applicable for EHRA positions Covered in Sections 4.4.1 and 4.4.2 of POL: 05.15.03)

*Other EHRA employee (BOT approval required) Total Value \$ _____

Print Name: _____ Signature: _____ Date: _____
Dean/Vice Chancellor

Print Name: _____ Signature: _____ Date: _____
Chancellor/Provost

Board of Trustees: Approved Denied Approval Date: _____

*Not to exceed \$7,500 in value (plus associated vehicle insurance, vehicle tax expenses, and campus parking permits, if any)

Club Membership (Not Applicable for EHRA positions Covered in Sections 4.5.1 and 4.5.4 of POL: 05.15.03)

Other EHRA employee (BOT approval required)

Type of Membership: _____ Total Value \$ _____

Print Name: _____ Signature: _____ Date: _____
Dean/Vice Chancellor

Print Name: _____ Signature: _____ Date: _____
Chancellor/Provost

Board of Trustees: Approved Denied Date: _____

Athletics and Cultural Events, Incentive & Overload Compensation, and Other Non-Salary Compensation

Athletic or Cultural Event Tickets/Amenities (non-business related use)

Incentive-based Compensation: Athletics Employee Other EHRA Employee

Base Salary \$ _____ (Inclusive of Administrative/Honorific Supplements) Amount \$ _____

All Other Non-Salary Compensation Total Value _____ (BOT approval required if amount is \$500 or more)

Print Name: _____ Signature: _____ Date: _____
Dean (Signature required for incentive-based payments in excess of 20% of base compensation)

Print Name: _____ Signature: _____ Date: _____
Executive Vice Chancellor and Provost (Signature required for incentive-based payments in excess of 20% of base compensation)

Print Name: _____ Signature: _____ Date: _____
Chancellor (if Board of Trustees approval IS required)

Board of Trustees (if value of Other Non-Salary Compensation is \$500 or more): Approved Denied Date: _____

University Human Resources (HR sign off required for all non-salary and deferred compensation requests)

Print Name: _____ Signature: _____ Date: _____