

Additional Pay Form



Northern Illinois University
Human Resource Services

New Change

Date: _____

General Information

Employee ID: [REDACTED]

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

Suttenfield, Nancy

Primary Department:

OA00000: Finance & Facilities

Compensation Information

Reason for Additional Compensation:

ADA: ADMINISTRATIVE ADJUSTMENT

Effective Start Date:

06/01/2014

Effective End Date:

06/15/2014

Salaried Employees

	HR Account Code	Pay Period Amt/Earnings	Goal/Total Amount
1.	[REDACTED]	\$56,269.69	\$56,269.69
2.	55		
3.	per [REDACTED]		

Hourly Employees

	HR Account Code	Hours	Hourly Rate	Total
1.				
2.				
3.				

Funding Information

Business Unit:

AFFIL: AFFILIATES

Compensatory Department:

OA00000: Finance & Facilities

Comments / Justification

Authorization:

Payment per President Baker - email from Dori 5/20/2014 5:34

5/30/14

Authorization

[REDACTED]	Date	College/Division	Date	Primary Department	Date
[REDACTED]	5/29/14				
Compensatory Department	Date	Office of the Provost / Vice President	Date	Graduate School	Date
Grants Fiscal Administrator	Date	President / URS	Date	Operating Staff Services	Date
		[REDACTED]	5/29/14		

Human Resource Services Use Only

Earnings:	\$56,269.69	NOTES
Goal Amount:	\$56,269.69	
Hours:	\$0.00	
Total Hour Amount:	\$0.00	