

Additional Pay Form



**Northern Illinois
University**

Human Resource Services

☒ New

☐ Change

Date: _____

General Information

Employee ID:

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:

11/01/2013

Effective End Date:

03/31/2014

Salaried Employees

	HR Account Code	Pay Period Amt/Earnings	Goal/Total Amount
1.		\$920.00	\$1,840.00
2.			
3.			

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:

Additional pay for increased duties

12/31/13

Pg 806

* Retro 11/1 - 12/13 Pol off cycle
* 12/16 - 12/31 Added to pay sheet
* 1/1 - 1/15 " " "

Authorization

Fund Advisor	Date	College/Division	Date	Primary Department	Date
Compensatory Department	Date	Office of the Provost / Vice President	Date	Graduate School	Date
Grants Fiscal Administrator	Date		Date	Operating Staff Services	Date

Human Resource Services Use

Earnings:	\$920.00	N
Goal Amount:	\$1,840.00	O
Hours:	\$0.00	T
Total Hour Amount:	\$0.00	E

Additional Pay Form



**Northern Illinois
University**

Human Resource Services

☒ New

☐ Change

Date: _____

General Information

Employee ID:

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

Suttenfield, Nancy

Primary Department:

CR00000: Finance & Facilities

Compensation Information

Reason for Additional
Compensation:

ADA: ADMINISTRATIVE ADJUSTMENT

Effective Start Date:

04/01/2014

Effective End Date:

06/30/2014

Salaried Employees

	HR Account Code	Pay Period Amt/Earnings	Goal/Total Amount
1.		\$920.00	\$5,520.00
2.			
3.			

Hourly Employees

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

Funding Information

Business Unit:

AEFLL: AFFILIATES

Compensatory Department:

CR00000: Finance & Facilities

Comments / Justification

Authorization:

Duties as CFO

Retro 5/15/14

\$ 1840
2 @ 920

Authorization

Fund Advisor	Date	College/Division	Date	Primary Department	Date
Compensatory Department	Date	Office of the Provost / Vice President	Date	Graduate School	Date
Grants Fiscal Administrator	Date		Date	Operating Staff Services	Date

Human Resource Services Use Only

Earnings:	\$920.00	NOTES
Goal Amount:	\$5,520.00	
Hours:	\$0.00	
Total Hour Amount:	\$0.00	

5/15/14

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: Div of Finance

Compensation Information

Reason for Additional Compensation:	ADA: ADMINISTRATIVE ADJUSTMENT
Effective Start Date: 07/01/2014	Effective End Date: 12/31/2014

Salaried Employees

	HR Account Code	Pay Period Amt/Earnings	Goal/Total Amount
1.	[REDACTED]	\$920.00	\$11,040.00
2.			
3.			

Hourly Employees

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

Funding Information

Business Unit: AFFIL: AFFILIATES	Compensatory Department: OA00000: Div of Finance
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Comments / Justification

Authorization:
Additional pay per President Baker

Authorization

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

Human Resource Services Use Only

Earnings:	\$920.00	NOTES
Goal Amount:	\$11,040.00	
Hours:	\$0.00	
Total Hour Amount:	\$0.00	