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**NORTHEASTERN STATE UNIVERSITY**

**ADD-PAY FORM**

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Employee \_\_\_\_\_ EMP ID# N \_\_\_\_\_

Name of Organization/Fund \_\_\_\_\_

FOAP to be charged - FUND \_\_\_\_\_ ORG \_\_\_\_\_ ACCT \_\_\_\_\_ PROG \_\_\_\_\_

Payment \$ \_\_\_\_\_ Based on \$ \_\_\_\_\_ per hour/contract  
(Circle one)

Pay Cycle - MONTHLY  or BIWEEKLY

(Description of payment)

Title of Program \_\_\_\_\_

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Dates of Program \_\_\_\_\_

Program Summary \_\_\_\_\_

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**APPROVALS**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Account Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Grants & Contracts: \_\_\_\_\_ Date: \_\_\_\_\_  
(If required)

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Budgets: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_