NORTHEASTERN STATE UNIVERSITY
ADD-PAY FORM

Employee _____ EMP ID# N _____

Name of Organization/Fund _____

FOAP to be charged - FUND _____ ORG _____ OACCT _____ OPROG _____

Payment $ _____ Based on $ _____ Per hour ☐ Contract ☐

(Description of payment)

Pay Cycle - MONTHLY ☐ or BIWEEKLY ☐

Title of Program _____

Dates of Program _____

Program Summary

___

APPROVALS

Employee: _____ Date: _____

Account Sponsor: _____ Date: _____

(If required)
Grants & Contracts: _____ Date: _____

Vice President: _____ Date: _____

Director of Human Resources: _____ Date: _____

Director of Budgets: _____ Date: _____

President: _____ Date: _____

Revised 11/15/2018