Northwestern State University Endowment Supplemental Compensation

Employee Name:			
Employee CWID:			
Employee Timekeeping Org:			
Amount of Compensation:			
Payment Date:			
Endowment Fund Name to be	e Charged:		
Endowment Index:			
I understand that this compensa benefits will be deducted.	tion will be paid thr	rough the NSU payroll process, and all ap	propriate taxes and
The Endowment Fund will be characteristic retirement/medicare costs.	arged the amount o	f compensation plus the university's port	tion of any
Employoo's Signaturo		Date	
Employee's Signature			
		Approved By:	
		Department Head Signature	Date
		Dean's Signature	Date
		Vice President's Signature	Date
	<u>Busines</u>	ss Affairs Use Only	
Current Title	Salary	Index - Account	Split
Index – Account	Position #	Amount	
Business Affairs' Signature	Date	_	