
Northwestern State University
Endowment Supplemental Compensation

Employee Name: _____

Employee CWID: _____

Employee Timekeeping Org: _____

Amount of Compensation: _____

Payment Date: _____

Endowment Fund Name to be Charged: _____

Endowment Index: _____

I understand that this compensation will be paid through the NSU payroll process, and all appropriate taxes and benefits will be deducted.

The Endowment Fund will be charged the amount of compensation plus the university's portion of any retirement/medicare costs.

Employee's Signature

Date

Approved By:

Department Head Signature

Date

Dean's Signature

Date

Vice President's Signature

Date

Business Affairs Use Only

Current Title

Salary

Index

Split

Fund – Account

Position #

Amount