

Use this form for **all** items covered by [NCSU Policy 05.15.03](#), Non-Salary and Deferred Compensation. Authorization of items must be in advance and must be paid from non-state appropriated funds in accordance with the policy. HR signature is required for all non-salary and deferred compensation requests. Please send requests for HR signature to [non-salary-deferred-comp@ncsu.edu](mailto:non-salary-deferred-comp@ncsu.edu)

College/Division		Department/Unit
College/Division Contact:		Phone# & Email:
Employee ID	First Name	Last Name
Position #	Employee Job Title	

#### Relocation Allowance (includes Household Moving Expenses, House-Hunting Trips and/or Temporary Housing)

Important: Relocation Allowances are taxable to the employee.

Flat Amount: \$ \_\_\_\_\_

Installments: #\_\_\_\_ Amount : \_\_\_\_\_ (per month)

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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**Department Head/Unit Head/Manager**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean / Vice Chancellor (Signature required for all relocation allowance requests)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chancellor /Provost/Vice Chancellor (Signature required for exception requests that exceed designated relocation allowance limits)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Remote Work Assignment (Out-of-State or Foreign-Duty Work Assignment)

Remote Work Assignment (Not to exceed \$2,500 per month limit/up to 12 months in duration):

Remote Work Assignment (\$2,501 - 5,000 per month limit / up to 18-months in duration): **Requires Chancellor Approval**

Remote Work Assignment (Exceeds \$5,000 per month limit / up to 18-months in duration): **Requires BOT Approval**

Out-of-State: City \_\_\_\_\_ State \_\_\_\_\_ Amount \$ \_\_\_\_\_ (per month)

Foreign-duty work assignment City \_\_\_\_\_ Country \_\_\_\_\_ Amount \$ \_\_\_\_\_ (per month)

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chancellor/Provost/Dean/Vice Chancellor**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chancellor (Signature required for remote work assignment between \$2,501 - \$5,000 per month)**

**Board of Trustees: (Approval required for remote work assignment that exceeds \$5,000 per month)**

Approved  Denied Approval Date: \_\_\_\_\_

**Vehicle and Parking Costs (Not Applicable for EHRA positions Covered in Sections 4.4.1 and 4.4.2 of POL: 05.15.03)**

\*Other EHRA employee (BOT approval required) Total Value \$ \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Dean/Vice Chancellor**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Chancellor/Provost**

**Board of Trustees:**  Approved  Denied Approval Date: \_\_\_\_\_

\*Not to exceed \$7,500 in value (plus associated vehicle insurance, vehicle tax expenses, and campus parking permits, if any)

**Club Membership (Not Applicable for EHRA positions Covered in Sections 4.5.1 and 4.5.4 of POL: 05.15.03)**

Other EHRA employee (BOT approval required)

Type of Membership: \_\_\_\_\_ Total Value \$ \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Dean/Vice Chancellor**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Chancellor/Provost**

**Board of Trustees:**  Approved  Denied Date: \_\_\_\_\_

**Athletics and Cultural Events, Incentive & Overload Compensation, and Other Non-Salary Compensation**

Athletic or Cultural Event Tickets/Amenities (non-business related use)

Incentive-based Compensation:  Athletics Employee  Other EHRA Employee

Base Salary \$ \_\_\_\_\_ (Inclusive of Administrative/Honorific Supplements) Amount \$ \_\_\_\_\_

All Other Non-Salary Compensation Total Value \_\_\_\_\_ (BOT approval required if amount is \$500 or more)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Dean (Signature required for incentive-based payments in excess of 20% of base compensation)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Executive Vice Chancellor and Provost (Signature required for incentive-based payments in excess of 20% of base compensation)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Chancellor (if Board of Trustees approval IS required)**

**Board of Trustees (if value of Other Non-Salary Compensation is \$500 or more):**  Approved  Denied Date: \_\_\_\_\_

**University Human Resources (HR sign off required for all non-salary and deferred compensation requests)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_