

Non - In structional Award Request Form

Employee Name: _____ SF ID#: _____

Submission Date: _____	Sem ester Contract Dates: _____
Department: _____	

Emplo yee Categor y 9 Month Faculty 12 Month Faculty Adj unct

 Stipend Reassigned Time

Number of 1 , 8 ¶ V q uested _____ @ \$744 .00 per unit = \$ _____

(Amou nt of Paymen t) NIU Ass ignment (Explanation of A ctivity, Project or In itiative):

Approval: _____ Date: _____
 Chair/Director

_____ Date: _____
 Vice President

_____ Date: _____
 Human Resources

_____ Date: _____
 Finance

Explanation of how the NIU award was used and how it benefited the department or program; must be co mpleted one week follow ing the end of the NIU contract period and filed in the emplo yee ¶ perso nnel file.

(P S O R \ H H ¶ V 6 L J Q D W X U H _____ Date: _____

Date Filed with Hum an Resources: _____

Chair/Director Approval: _____ Date: _____

Date Filed with Hum an Resources: _____