



## Non-Salary Compensation Form

Use this form for **all** items covered by [POL 05.15.01](#), Non-Salary and Deferred Compensation. Items must be authorized in advance and must be paid from non-state appropriated funds in accordance with the policy.

Ref: [UNC Policy Manual 300.2.14 – Non-salary and Deferred Compensation](#); [North Carolina Office of the State Budget Manual](#)

Department/Unit	College/Division	Employee ID
First Name	Middle Initial	Last Name
Employee Title	<input type="checkbox"/> EHRA	<input type="checkbox"/> SHRA
		Position Number

Value of Non-Salary Compensation Item:

- ☐ Approximate/Estimated  
☐ Actual/Exactly

Anticipated Date(s) / Duration:

Begin \_\_\_\_\_ End \_\_\_\_\_ N/A \_\_\_\_\_

Value Basis:

- ☐ Total (one-time, non-recurring)  
☐ Total (intermittent during begin and end dates)  
☐ Per Month for \_\_\_\_\_ number of months  
  
☐ Per Month, Ongoing  
☐ Per Year, Ongoing

Type of Non-Salary Compensation (check one)

- ☐ Moving Expenses (section 3.1.2)  
☐ Housing Allowance (section 3.1.1)  
☐ Temporary Housing (section 3.1.1)  
☐ Remote Work Assignment  
☐ Vehicle or Vehicle Allowance  
☐ Vehicle and Parking Costs (section 3.1.1)  
☐ Club Membership (section 3.1.1)  
☐ Athletic and Cultural Events Admission  
☐ Discounts and Privileges  
☐ Incentive and Overload Compensation  
☐ Educational Assistance, Dependent Care and Related Benefits  
☐ Other Non-Salary Compensation

Details/Specifics about the item to be provided:

Funding Source: \_\_\_\_\_

This item (check one):

- ☐ Is pre-authorized for this type of position under provisions of UNCP Policy 05.15.01  
☐ Requires approval by the Board of Trustees, in accordance with UNCP Policy 05.15.01. Submit completed form by BOT submission deadline to VC for Finance and Administration, Lumbee Hall 320

If paid by voucher through Financials, attach copy of this signed form to the invoice package

Form Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Department Head Approval

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

### Dean or Vice Chancellor Approval

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

### Chancellor/Provost Approval (if Board of Trustees approval is NOT required)

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

### Chancellor Approval (if Board of Trustees approval IS required)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OHR USE ONLY (notes)

Board of Trustees (EPPC) Action

- ☐ Approved  
☐ Denied

Date: \_\_\_\_\_