

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:

Value Basis:

<input type="checkbox"/> Approximate/Estimated: <input type="checkbox"/> Actual/Exactly: Anticipated Date(s) / Duration: Begin End N/A	<input type="checkbox"/> Total (one-time, non-recurring) <input type="checkbox"/> Total (intermittent during begin and end dates) <input type="checkbox"/> Per Month for number of months <input type="checkbox"/> Per Month, Ongoing <input type="checkbox"/> Per Year, Ongoing
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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 Vice Chancellor 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 <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:
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