

Non-Instructional Award Request Form

Employee Name: _____ SF ID#: _____

Submission Date: _____ Semester Contract Dates: _____
Department: _____

Employee Category	9 Month Faculty	12 Month Faculty	Adjunct
	Stipend	Reassigned Time	

Number of NIU's Requested _____ @ \$744.00 per unit = \$ _____

(Amount of Payment) NIU Assignment (Explanation of Activity, Project or Initiative):

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 completed one week following the end of the NIU contract period and filed in the employee's personnel file.

Employee's Signature: _____ Date: _____

Date Filed with Human Resources: _____

Chair/Director Approval: _____ Date: _____

Date Filed with Human Resources: _____