



# Special Pay Request Form

Please type or print legibly

## EMPLOYEE INFORMATION

University ID Number:	Last Name:	First Name:
HR Department ID:	Department Name:	

## PAYMENT INFORMATION

Period of Service Begin Date:	Period of Service End Date:	Earnings Amount:	Hours of Work per Week:
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**Notes:** The Period of Service must be no more than *one* biweekly pay period; if multiple payments are required, a separate form must be submitted for each period. Hours of Work per Week is not required for Honorarium and Student Award payments but must be accurate in all other cases.

Do you anticipate submitting another Special Pay request for this individual within the next 30 days?  Yes – more payments will follow  No / Not Sure

## FUNDING

Fund:	FN Dept:	Project:	Activity:	Chartfield1:	Account:	Percent:
					<b>60111</b>	
Fund:	FN Dept:	Project:	Activity:	Chartfield1:	Account:	Percent:
					<b>60111</b>	

## NATURE OF SERVICE

**Special Pay may be provided only for the approved job titles listed below, and only by the indicated department/school.** If the job title you wish to use is not listed here, contact the HR Compensation Division prior to submitting this form.

<b>All Departments</b> <input type="checkbox"/> Curriculum Developer (106247) <input type="checkbox"/> Honorarium (106243) <input type="checkbox"/> Non-Employee Res Subj Fee (106242) <input type="checkbox"/> Note-Taker (104902) <input type="checkbox"/> Speaker's Fee (106308) <input type="checkbox"/> Student Award (106244)	<b>University Athletics</b> <input type="checkbox"/> Coach (104896) <input type="checkbox"/> Team Operations (106245) <input type="checkbox"/> Training Spotter (106246) <b>The Graduate School</b> <input type="checkbox"/> ISI Instructor/Tutor (104901) <input type="checkbox"/> Student Mentor (104899)	<b>School of Professional Studies</b> <input type="checkbox"/> College Prep RD/RA/TA (106304) <input type="checkbox"/> Indep Study Advisor (106248) <input type="checkbox"/> Thesis Reader (106249) <input type="checkbox"/> Triquarterly Editor (104900) <b>Feinberg School of Medicine</b> <input type="checkbox"/> Student Mentor (104899)	<b>School of Communication</b> <input type="checkbox"/> NHSI Resident Asst (106258) <b>McCormick School of Engineering</b> <input type="checkbox"/> Unpaid Seminar Leader (106259) <b>University Relations</b> <input type="checkbox"/> Publication Contributor (106293)
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## EMPLOYEE CERTIFICATION

<p><i>If a payment is made from a grant account:</i> I certify that I have performed the services for which this form requests payment.</p> <p>Employee's Signature:</p> <hr/>	<p><i>DCFS Acknowledgement:</i> I have read and attached a signed and dated DCFS Mandated Reporter Acknowledgement Form.</p> <p>Employee's Signature:</p> <hr/> <p><input type="checkbox"/> Check here if the employee has submitted a DCFS form for a prior payment or has attested online in FASIS; if so, this signature is <i>not</i> required.</p>
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## APPROVALS

**I have consulted with Human Resources Compensation Division verifying that this method of payment is in compliance with the Fair Labor Standards Act, the University's policy on Employment or Evaluation of Relatives, and Equal Employment Opportunity guidelines. I have attached a DCFS Acknowledgement of Mandated Reporter Status Form signed by the payee or I have ensured that an Acknowledgement is on file. I affirm that this request is submitted to provide payment for the specific service indicated in the "Nature of Service" section above.**

Name of Person Completing Form: <i>(print)</i>	HR Compensation Signature / Date: <i>(if used for a purpose not pre-approved)</i>
Authorized Department Signature / Date:	OSR Signature / Date: <i>(if grant account; not required for research subjects)</i>
Authorized School/Unit Signature / Date:	ASRSP Signature / Date: <i>(if grant account; not required for research subjects)</i>

*Authorized department and school/unit signatures must be original. Approvals from HR, OSR, and ASRSP, if applicable, may be attached from an email or fax.*

# Special Pay Request Form

## Instructions

The Special Pay Request Form is used to provide a single payment for approved services to an individual who does not hold an active paid appointment at the time the request is made.

### Restrictions

- Special Pay is allowed only for services that have been pre-approved by the Office of Human Resources Compensation Division. Any Special Pay service not explicitly listed on this form must be approved and signed by Compensation before services are rendered.
- The individual being paid cannot hold an active paid appointment at the time of the request. To provide payment to an employee currently holding a paid appointment, use the [Additional Pay Request Form](#).
- A separate Special Pay Request Form must be submitted for *each* [biweekly pay period](#) for which the individual is receiving payment.

### Payment Timing

Special Pay payments are processed on a biweekly basis. Forms received by the [biweekly paperwork cut-off date](#) will be paid on that upcoming pay date. Payments will *not* be processed prior to the pay date associated with the Period of Service End Date listed on the form.

### Research Subject Fees / Honoraria

Typically, payments to non-employees for Human Research Subjects and Honoraria should be processed via the Independent Contractor process. However, if the individual being compensated has received another payment via University Payroll during the current calendar year, these requests must be processed on the Special Pay Request Form.

### Form Field Guidance

**UNIVERSITY ID NUMBER:** If the individual has a student or employee ID from a previous University affiliation, enter that ID here. FASIS Administration users may search for an existing ID on the Northwestern Job Summary page (Workforce Administration > Job Information > Review Job Information > Northwestern Job Summary).

**HR DEPARTMENT ID/DEPARTMENT NAME:** Enter the department for which the individual is providing the indicated service.

**PERIOD OF SERVICE BEGIN/END DATES:** Specify the service dates for which this payment request is being submitted; if the request is retroactive, be sure to include the *actual* dates of service. **The Period of Service may not be longer than one biweekly pay period.** If service is being performed over multiple pay periods, a separate request must be submitted for each.

**HOURS OF WORK PER WEEK:** Enter the number of work hours per week during the Period of Service for which the employee is being compensated. This field may be left blank for Honorarium and Student Award payments, but is required for all other payments.

**DO YOU ANTICIPATE SUBMITTING ANOTHER SPECIAL PAY REQUEST FOR THIS INDIVIDUAL IN THE NEXT 30 DAYS?** Select “Yes” if you will be submitting another payment for this individual within the next 30 days; the employee’s Special Pay record will remain active. If this is the final payment, or if you are unsure, select “No.” In this case, the employee’s Special Pay record will be terminated after this request is processed; it will be re-activated automatically if another Special Pay request is received in the future. This assists in maintaining an accurate representation of the University’s workforce while providing more precise reporting and tracking.

**FUNDING:** Enter the chartstring(s) to which the payment will be charged. Note that all Special Pay must be charged to account code 60111; if you are paying from a sponsored account, ensure that 60111 is open and available at the time the request is submitted.

**NATURE OF SERVICE:** Select the job title that corresponds to the service for which payment is requested. *Only the pre-approved options on this form may be used unless otherwise indicated and signed by HR Compensation.* When possible, consider other options for paying individuals, such as hiring the person as a short-term temporary employee.

**DCFS ACKNOWLEDGEMENT:** Any individual paid by Northwestern University is a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. Requests for Special Pay must be accompanied by a copy of the DCFS Acknowledgement of Mandated Reporter Status Form signed and dated by the individual receiving payment, unless the payee has previously submitted an Acknowledgement Form for a prior payment. If the box is checked indicating that a previous attestation is on file, the Employee Signature and DCFS Form are not required.

**APPROVALS:** Any payment made to an individual from a grant account for services other than research subject fees must receive advance approvals from OSR and ASRSP. Explicit approval must be received from HR Compensation if the payment is being submitted for something other than one of the pre-approved uses noted in the NATURE OF SERVICE section. The signature of either the school or department requesting payment must be original; other approvals may be attached as a printed copy or email.



**ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS**

I, \_\_\_\_\_, understand that when I am employed at  
(Employee Name)

\_\_\_\_\_  
Northwestern University, I will become a mandated reporter under the

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date (required)