**Request to Earn Overload Pay**

**for**

**Non-Teaching Assignment**

 ***Obtain approval PRIOR to appointment period and attach copy of request to Payroll Action Form***

**Date:**

**Overload request for the following employee:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:**  |       |  | **CWID:**  |       |  |

 **(as it appears on Social Security Card)**

**9-mon Faculty** **[ ]  12-mon Faculty** **[ ]  9/12-mon Staff** **[ ]**

 **Payroll Budget Code**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Index** | **Fund** | **ORG** | **Program** | **Banner Account** |
| **Overload Pay:** | **$**      |  |       |       |       |       |       |

|  |
| --- |
|  **\*Note: A non-exempt employee is paid overtime for all hours worked over 40 hours in a work week (including hours worked for overload pay)****Overload Information - indicate duties/assignments to be performed and justification for overload pay:**     **Proposed Additional Employment Arrangement:** |
| **Beginning Date:**  | **Ending Date:**  |
| **Hours Per Week:**  | **Work Schedule:**  |

|  |  |
| --- | --- |
| **Employee’s primary position working hours are:** |       |

|  |
| --- |
| ***I understand that my overload duties are to be performed outside of my normal working hours, or could be performed during my normal working hours with an approved flex-time schedule.*** |
|  |
| **Employee’s Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee's Supervisor's Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approval of Budget Unit Head****Over Assignment:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dean’s Approval, if applicable:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **VP Approval:** |  | **Date:** |  |