**Overload Request for 12-Month Employee to Earn Overload Pay**

**for**

**Non-Teaching Assignment**

**Division of Academic Affairs**

***(obtain approval prior to appointment period, attach copy of request, and time log to Payroll Action Form)***

**Date:**

**Overload request for the following employee:**

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

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

 **Payroll Budget Code**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Overload Information - indicate duties/assignments to be performed and justification for overload pay:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Duties/Assignment** | **Effective Beginning Day and Date** | **Beginning Time** | **Effective Ending Day and Date** | **Ending Time** |
|       |       |       |       |       |
|       |       |       |       |       |
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**To be completed by employee:**

|  |  |
| --- | --- |
| **My normal working hours are:** |       |

|  |
| --- |
| **Select one:** |
| [ ]  duties/assignment are performed outside of my normal working hours [ ]  duties/assignments are performed during my normal working hours and I will claim annual leave for the time shown.  |
| **Employee’s Signature:** |  | **Date:** |  |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **VPAA's Approval:** |  | **Date:** |  |