

Please use this form to request an overload or summer pay.

### INFORMATION

Employee's Name \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Last First MI  
 Employee's Home Department/Unit \_\_\_\_\_  
 Payment Department \_\_\_\_\_ Contact Person \_\_\_\_\_

### ASSIGNMENT & FUNDING

**Instructional** (provide course information below)

Semester (i.e. Fall 2015)	Course Subject, Number	Course Title	Credits	Payment Amount
<b>Total Pay:</b>				

If instructional duties are outside of normal term dates, provide start and end dates: \_\_\_\_\_ to \_\_\_\_\_

**Non-instructional** (describe assignment and duties below)

<b>Start Date:</b>		<b>End Date:</b>		<b>Payment Amount:</b>	
<b>Description of Duties:</b> (be specific; include rationale for payment amount, title of project, etc...)					
<b>Number of Hours Worked:</b> (optional)			<b>Min Wage Calculation:</b> (HR Use)		/hour

First Acct	Fund (3)	IBAC (2) (Program)	UDDS (6)	Project # (7)
<b>Dist. %:</b>				

Add'l Acct	Fund (3)	IBAC (2) (Program)	UDDS (6)	Project # (7)
<b>Dist. %:</b>				

### AGREEMENTS

**Faculty/Academic Staff/Grad Agreement** (applies only to faculty and staff with a current employment contract at UWL)

I have agreed to provide the services described above through a written or verbal agreement with my employer. I understand that there is an overload limit of \$18,000 earned per fiscal year for full-time employees and a summer earnings limit of 2/9 of the academic year salary for full-time 9-month employees. Earnings over any applicable limits may be forfeited. I certify that the duties described above are performed outside of my normal work hours and that the work does not interfere with my regular duties as assigned.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Home Department/Unit Agreement** (Supervisor must sign for all faculty, academic staff, and GAs)

As the above employee's supervisor/department chair, I understand the limitations of the overload policy and certify the duties described above are performed outside of the employee's normal work hours and that the work does not interfere with the regular duties as assigned.

Home Department/Unit Signature \_\_\_\_\_ (Print name) \_\_\_\_\_ Date \_\_\_\_\_

### APPROVALS

Dean/Director Signature \_\_\_\_\_ (Print name) \_\_\_\_\_ Date \_\_\_\_\_

Additional Approval/Division Approval \_\_\_\_\_ (Print name) \_\_\_\_\_ Date \_\_\_\_\_

Budget & Finance Signature \_\_\_\_\_ (Print name) \_\_\_\_\_ Date \_\_\_\_\_

To be completed by: Human Resources

<b>Empl rec #</b>	<b>HR Review</b> <small>(initial &amp; date)</small>	<b># of Pays</b>	<b>Pay date(s):</b>	<b>Audit</b> <small>(initial &amp; date)</small>