OVERLOAD ACTIVITY APPROVAL FORM

This form must accompany any payment request for overload activities. The overload activity must conform to university guidelines outlined in the overload policy. The requesting department should initiate this form. After all signatures have been obtained, attach overload form to Personnel Budget Action Form and forward to the Office Faculty Affairs for processing.

Classification of Employee			
☐ EPA faculty ☐ EPA non-faculty exempt ☐ EPA non-faculty non-exempt			
☐ SPA exempt ☐ SPA non-exempt			
Name: Title: Annual Salary:			
Home Department: Requesting Department:			
Length of Contract: 9-month 10-month 11-month 12-Month			
Dates of Contract Period:			
Current Teaching Load (SH): Teaching Load: Full-time Part-time			
Overload Activity: from: to: <u>Overload Compensation</u> :			
Services Provided (Please describe):			
Previous overload activities (in two previous semesters): None Dates: Activity: Amount of Compensation: Dates: Activity: Amount of Compensation: Dates: Activity: Amount of Compensation:			
Current External Professional Activity for Pay: □ None Dates: Activity: Amount of Compensation: Dates: Activity: Amount of Compensation: Dates: Dates:			
Activity: Amount of Compensation:			

Prior to beginning an activity, each overload activity must be approved by the head of the unit where the employee's regular appointment lies, the employee's immediate supervisor, department head, dean/director, and by the head of the unit where the overload is to occur, and by the dean/director of unit and by the Assistant Provost for Administration and Planning.

Approved: _		Date:
	(Requesting Head)	
Approved: _	(Requesting Dean/Director)	Date:
Approved: _		Date:
Approved: _	(Home Chair)	Date:
	(Home Dean/Chair/Director)	.
Approved: _	(Assistant Provost for Administration and Planning)	Date:

Documentation must be maintained in the department for a period of 5 years.

^{*}Approval indicates that total effort expended is not in conflict with employee's regular duties.