



REQUEST FOR OVERLOAD PAYMENT
(Not to be used for Teaching)

School/ Home Department Name and Number: _____

Employee Name: _____ Employee I.D. Number : _____

CURRENT: PROPOSED OVERLOAD: [] Monthly [] Hourly
[] Lump Sum

Pay: \$ _____ Overload Monthly/Hourly Amount: \$ _____

Job Title: _____ Period of Work: _____

Job Code: _____ Funding Dept. Name & Number: _____

Account No./Object Code: _____

RATIONALE: (Attachment may be provided if necessary)

LIST ALL OVERLOADS RECEIVED BY INCUMBENT FOR FISCAL YEAR:

Date Reason Worked For OL Received for FY

INITIATED BY:

Supervisor : _____ Title: _____ Date: _____ Extension: _____

Supervisor's Supervisor _____ Title: _____ Date: _____

APPROVAL :

Dean/Vice President (School/Home Dept.) _____ Date: _____

Dean/Vice President (Funding School/Dept.-if different): _____ Date: _____

Associate Sr. Vice President _____ Date: _____