



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

School/Division/Department Name and Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee I.D. Number : \_\_\_\_\_

CURRENT: PROPOSED OVERLOAD: [ ] Monthly [ ] Hourly
[ ] \_\_\_% of Annual Base Pay

Pay: \$ \_\_\_\_\_ Job Code: \_\_\_\_\_ Overload Monthly/Hourly Amount: \$ \_\_\_\_\_

Job Title: \_\_\_\_\_ Period of Work: \_\_\_\_\_

Funding Dept. Name & Number: \_\_\_\_\_ Account No./Object Code: \_\_\_\_\_

- ATTACH THE FOLLOWING DOCUMENTS TO THIS FORM:
1) memo explaining the rationale for the overload payment; and
2) overload template spreadsheet, found at www.usc.edu/dept/personnel/comp, listing all the overloads received by the incumbent in the fiscal year.

INITIATED BY:

Supervisor : \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Extension: \_\_\_\_\_

Supervisor's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL/DIVISION REVIEW AND RECOMMENDATION (See Staff Wage and Salary Guidelines for appropriate signature):

\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_
Dean/Vice President (School/Home Department)

\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_
Dean/Vice President (Funding School/Department-if different)

COMPENSATION REVIEW

Up to and including 5% of Annual Base Pay APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_
Excess of 5% of Annual Base Pay RECOMMENDED \_\_\_\_\_ NOT RECOMMENDED \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_
Compensation Representative

OVERLOAD REVIEW (In excess of 5% of Annual Base Pay): APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

Senior Vice President for Administration or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Vice President and Provost or Designee: \_\_\_\_\_ Date: \_\_\_\_\_