



OVERLOAD ACTIVITY
APPROVAL FORM

This form must accompany any payment request for overload activities performed. The overload activity must conform to the applicable University policy. The requesting department should initiate this form. An overload activity must be approved in advance of commencement of duties associated with the overload.

Name	_____	Home Department (Name)	_____
PID	_____	Home Department #	_____
Title	_____	Requesting Department (Name)	_____
		Requesting Department #	_____

Base Salary:

Current Supplement:

Total Salary:

Overload Activity: _____ From: _____ To: _____ Amount of Compensation: _____
(Please describe duties associated with overload below) Source of Compensation:
☐ State Funds ☐ Trust Funds ☐ Contracts & Grants
Duties _____

Previous overload activities in requesting unit (in the two years preceding this request):

☐ None

Dates:

Activity:

Dates:

Activity:

Dates:

Activity:

The total of overload payments per fiscal year is limited to 25% of the current annual salary for EPA 9-month employees and 20% of the current annual salary for EPA 12-month employees. Employees may not receive overloads while on leave.

_____ I understand payment will not be made for amounts exceeding the overload limit

Initial

_____ I certify that I will not be on leave during the time period of this overload request.

Initial

Employee Signature: _____ Date: _____

An overload activity must be approved by the head of the unit where the person's regular appointment lies, the dean/director of that unit, the head of the unit where the overload is to take place, and the dean/director of that unit and the Office of the Provost (faculty) or Office of Human Resources (non-faculty) prior to commencement of duties associated with the overload.

Approved: _____ / _____ Date _____
(Requesting Chair Name) (Requesting Chair Signature)

Approved: _____ / _____ Date _____
(Requesting Dean/Director Name) (Requesting Dean/Director Signature)

Approved: _____ / _____ Date _____
(Home Chair Name) (Home Chair Signature)

Approved: _____ / _____ Date _____
(Home Dean/Director Name) (Home Dean/Director Signature)

Approved: _____ / _____ Date _____
(Provost Office/EPA Non-Fac Office Name) (Provost Office/EPA Non-Fac Signature)

Return form to: