

RESEARCH TIME, EFFORT, AND COMPENSATION OVERLOAD AUTHORIZATION

As possible, this form is to be initiated before overload employment is undertaken.
Use "comment" section to justify exceptions to time requirement.

IDENTIFICATION OF INDIVIDUAL TO RECEIVE OVERLOAD

Name: _____ SSN: _____

Title: _____ Department/Unit: _____

Employment Basis: _____ 9 mo. _____ 10 mo. _____ 12 mo. _____ Part-time _____ Other (Specify _____)

Overload compensation (teaching and research) per fiscal year (July 1 - June 30) is limited to 20% of an employee's annualized salary, excluding displacement.

Project Title: _____

Project P.I.: _____ Project Account No.: _____

TIME

What percentage of time will Individual devote to project? _____ % per week, or _____ % per month, or _____ % per quarter

Comments: _____

EFFORT

Describe the activities the Individual will contribute to the Project: _____

Will these activities interfere with the Individual's regular workload: _____ No _____ Yes. Explain _____

COMPENSATION

Will the Individual receive release time? _____ No _____ Yes. If yes, explain how Department/Unit will fulfill Individual's regular workload obligations: _____

Will this compensation be paid as summer salary? _____ No _____ Yes.

PAYMENT

Effective Date(s): _____

Amount monthly _____ Amount one-time payment _____ Date 1st payment _____ Date last payment _____

Total Overload Compensation _____

Total Revised Annual Compensation* (to be completed by Human Resources): _____

*add overload compensation to regular salary (excluding displacement)

Requested by: _____

Principal Investigator	Date	University Research	Date
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Department/Unit Head	Date	Dean, Grad School & Univ Res.	Date
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Dean of the College	Date	Vice President	Date
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President	Date
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Overload 02/07

Office of Human Resources	Date
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