

**ACADEMIC YEAR AND FISCAL YEAR CONTRACT ADDENDUM  
FOR TEMPORARY OVERLOAD COMPENSATION  
TO BE INITIATED BY DEPARTMENT HEAD/DEAN**

Date:

Employee Name:

Rank:

1USG Empl ID:

Dates of Additional Responsibilities: \_\_\_\_\_ to \_\_\_\_\_

Amount:

Effective Date:

Justification for Additional Responsibilities (justification should detail the course that will be for overload):

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**\*Current course workload printout that shows credit and contact hours and seats taken from BANNER should be attached.**

**AMENDMENT ACCEPTANCE**

I accept the contract amendment under the terms set forth.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**AMENDMENT APPROVALS**

Approved by: \_\_\_\_\_  
*Director/Department Head\**

Approved by: \_\_\_\_\_  
*Dean/Division Head\**

Approved by: \_\_\_\_\_  
*Provost/Vice President\**

**To be completed by Academic Affairs:**

Payroll Distribution and Earns Code for overload: 51XXXXXXXXOP

**X should be replaced with Dept ID and Fund Code Letter (G for F10000; T for F10500; or F for F10600)**