

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

Date: 2/14/2019

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): _____

***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)