UNIVERSITY OF WISCONSIN – SUPERIOR OVERLOAD PAYMENT REQUEST

This form is used to authorize overload payments for work performed by full time employees. This form <u>must be received</u> by the Office of Human Resources <u>prior to the start of assignment.</u>

Employee to receive overload			Payroll ID				
Requested by			Date				
Department			Account t	Account to be charged			
Overl	oad payment an	nount	Duties perform	med from	to	_	
		Ration	nale Statement for C	Overload Reque	st		
Gener	ral Duties and/or	objectives to b	e accomplished:				
Expla	nation of why tl	nis request canno	ot be covered as "par	rt of load":			
All pa	arties below mu	ıst read and sig	n verifying knowle	dge of the follo	ving statement.		
	that the above	will not interfer		me duties as ass	ervice described above gned, cannot be incor		
Signature of Employee					Date		
Signature of Chair/Supervisor					Date		
Signature of Cabinet Officer					Date		
INST	RUCTIONAL	APPOINTME	NT ONLY:				
Signature of Dean of Faculties					Date		
ALL	SIGNED FOR	MS FORWAR	D TO OFFICE OF	HUMAN RES	OURCES, OLD MAI	N 201:	
Signature of Budget Officer					Date		
Signature of HR Director					Date		
Сс	Supervisor Employee	Payroll Budget Offic	HR cer				