

# UNIVERSITY OF WISCONSIN – SUPERIOR OVERLOAD PAYMENT REQUEST

**This form is used to authorize overload payments for work performed by full time employees.**

Employee to receive overload \_\_\_\_\_ SSN \_\_\_\_\_

Requested by \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Account to be charged \_\_\_\_\_

Overload payment amount \_\_\_\_\_ Duties performed from \_\_\_\_\_ to \_\_\_\_\_

### **Rationale Statement for Overload Request**

General Duties and/or objectives to be accomplished:

Explanation of why this request cannot be covered as “part of load”:

**All parties below must read and sign verifying knowledge of the following statement.**

As a full time employee of UW-Superior, I agree to provide the service described above. I realize that there is an overload limit of \$12,000 earned per calendar year from additional positions from within the State. We certify that the above will not interfere with regular full time duties as assigned, cannot be incorporated as part of workload, and is unusual, short term and non-recurring.

**This form must be received by the Office of Human Resources prior to the start of assignment.**

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Chair/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of HR Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Budget Officer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Cabinet Officer \_\_\_\_\_ Date \_\_\_\_\_

**Forward signed form to Office of Human Resources, Main 201.**

Cc Supervisor  
Employee  
Payroll  
Budget Officer

Form No. 02-7060 (09/07)

