

**REQUEST FOR COMPENSATION OF SERVICE IN EXCESS OF 100PERCENT**

(Approval must be obtained **prior** to service being performed and a **separate request form is required** for each overload assignment)

Employee Name: \_\_\_\_\_ Employee UIN: \_\_\_\_\_

Employee Home Department: \_\_\_\_\_

Employee Position Title: \_\_\_\_\_

Person Requesting Service: \_\_\_\_\_

Dept/Unit Requesting Service: \_\_\_\_\_ Dept/Unit Contact: \_\_\_\_\_

Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Amount to be Paid: \_\_\_\_\_

CFOP(s) for Service: \_\_\_\_\_

Describe the services to be performed and indicate specific reasons for requiring this 100% employee to provide the services (attach separate sheet if necessary):

These duties for service in excess of 100% will be performed during the employee's off-duty hours and will not in any way interfere with their current responsibilities. Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Please explain if **No** and attach [Alternative Work Schedule](#) with Supervisor approval:

**Explanation why signatures/approvals were not obtained prior to service(s) being performed:**

SIGNATURES / APPROVALS:

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

\_\_\_\_\_  
Employee Home Dept Approval Date

\_\_\_\_\_  
Employee Home College Approval Date

\_\_\_\_\_  
Requesting Dept Approval Date  
(if different from Home Dept)

\_\_\_\_\_  
Requesting College Approval Date  
(if different from Home College)

\_\_\_\_\_  
Provost Office Approval Date

*Send form with all required signatures to the Provost Office, Academic Human Resources. 08/2017*