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