

## RESEARCH TIME, EFFORT, AND COMPENSATION OVERLOAD AUTHORIZATION

As possible, this form is to be initiated before overload employment is undertaken.  
Use "comment" section to justify exceptions to time requirement.

### IDENTIFICATION OF INDIVIDUAL TO RECEIVE OVERLOAD

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Title: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Employment Basis: \_\_\_\_\_ 9 mo. \_\_\_\_\_ 10 mo. \_\_\_\_\_ 12 mo. \_\_\_\_\_ Part-time \_\_\_\_\_ Other (Specify \_\_\_\_\_)

Overload compensation (teaching and research) per fiscal year (July 1 - June 30) is limited to 20% of an employee's annualized salary, excluding displacement.

Project Title: \_\_\_\_\_

Project P.I.: \_\_\_\_\_ Project Account No.: \_\_\_\_\_

### TIME

What percentage of time will Individual devote to project? \_\_\_\_\_ % per week, or \_\_\_\_\_ % per month, or \_\_\_\_\_ % per quarter

Comments: \_\_\_\_\_

### EFFORT

Describe the activities the Individual will contribute to the Project: \_\_\_\_\_

Will these activities interfere with the Individual's regular workload: \_\_\_\_\_ No \_\_\_\_\_ Yes. Explain \_\_\_\_\_

### COMPENSATION

Will the Individual receive release time? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, explain how Department/Unit will fulfill Individual's regular workload obligations: \_\_\_\_\_

Will this compensation be paid as summer salary? \_\_\_\_\_ No \_\_\_\_\_ Yes.

### PAYMENT

Effective Date(s): \_\_\_\_\_

Amount monthly \_\_\_\_\_ Amount one-time payment \_\_\_\_\_ Date 1<sup>st</sup> payment \_\_\_\_\_ Date last payment \_\_\_\_\_

Total Overload Compensation \_\_\_\_\_

Total Revised Annual Compensation\* (to be completed by Personnel): \_\_\_\_\_

\*add overload compensation to regular salary (excluding displacement)

Requested by: \_\_\_\_\_

Principal Investigator	Date	University Research	Date
------------------------	------	---------------------	------

Department/Unit Head	Date	Dean, Grad School & Univ Res.	Date
----------------------	------	-------------------------------	------

Dean of the College	Date	Vice President	Date
---------------------	------	----------------	------

President	Date
-----------	------

Personnel Office: Date Received: \_\_\_\_\_ Signature: \_\_\_\_\_