

**PAYROLL EMPLOYEE COMPENSATION REQUEST FOR FACULTY
TEACHING OVERLOAD**

Employee Name: _____ Date: _____

Z Number: _____ Department: _____

Please complete load hours taught.

TOTAL FALL HRS.: _____ TOTAL SPRING HRS.: _____ TOTAL HRS.: _____
(FALL + SPRING)

OVERLOAD HOURS: _____ @ _____

FALL COMPENSATION: _____ HAS FALL COMP BEEN PAID ____ YES ____ NO
(Answer in Spring ONLY)

SPRING COMPENSATION: _____

COMPENSATION TO BE PAID: _____

DEPARTMENT OR COLLEGE REQUESTING OVERLOAD:

ACCOUNT TO BE CHARGED:

Fund: _____ ORG: _____ Account: _____ Program: _____

Department or College Name Date

Chair Date

Dean Date

HOME DEPARTMENT OR COLLEGE:

Department or College Name Date

Chair Date

Dean Date

Provost Date

Budget Date