

**Academic Year and Fiscal Year Faculty Contract Addendum
for Temporary Overload Compensation**

Date: _____

Employee Name: _____

Employee ID: _____

Dates of Additional Responsibilities: _____ to _____

Amount: _____

Funding Source (Seven-Digit Department ID): _____

Date(s) to be Paid: _____

Description of Additional Responsibilities:

Approved by: _____
(Print Name) Contracting Administrator (Sign Name and Date)

Approved by: _____
(Print Name) Director/Department Head (Sign Name and Date)

Approved by: _____
(Print Name) Dean/Division Head (Sign Name and Date)

Approved by: _____
(Print Name) Business Manager (overseeing funding source listed above) (Sign Name and Date)

Approved by: _____
(Print Name) Vice President for Research (if applicable) (Sign Name and Date)

Approved by: _____
(Print Name) AAF Financial Officer (Sign Name and Date)

Approved by: _____
(Print Name) Provost and Vice President for Academic Affairs (Sign Name and Date)

Approved by: _____
(Print Name) President (Sign Name and Date)

Amendment Acceptance

I accept the contract amendment under the terms set forth.

Signed: _____

Date: _____