

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

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 and Justification (must include current course load and explanation/reason for overload compensation rather than adjustment to normal workload):

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

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

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

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

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

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

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

Amendment Acceptance

I accept the contract amendment under the terms set forth.

Signed: _____

Date: _____