

**ACADEMIC YEAR AND FISCAL YEAR CONTRACT ADDENDUM
FOR TEMPORARY OVERLOAD COMPENSATION
TO BE INITIATED BY DEAN/DEPARTMENT HEAD**

Date: 2/13/2017

Employee Name: _____

Rank: _____

ADP Empl ID: _____

Dates of Additional Responsibilities: _____

Amount: \$ _____

Effective Date: _____

Justification for Additional Responsibilities (list courses that will be for overload):

***Current course workload assigned in BANNER should be attached. Should include credit/contact hour and seats taken.**

AMENDMENT ACCEPTANCE

I accept the contract amendment under the terms set forth.

Signed: _____

Date: _____

AMENDMENT APPROVALS

Approved by: _____
*Director/Department Head**

Approved by: _____
*Dean/Division Head**

Approved by: _____
*Provost/Vice President**

Approved by: _____
*President**

To be completed by Initiator (i.e. Department Head):

Payroll Distribution and Earns Code for overload: _____
Earns Code is usually always OVL