**UNIVERSITY OF WISCONSIN-STEVENS POINT (Main Campus)  
UNIVERSITY OF WISCONSIN-STEVENS POINT at Marshfield  
UNIVERSITY OF WISCONSIN-STEVENS POINT at Wausau**

**REQUEST FOR FACULTY OR ACADEMIC STAFF OVERLOAD APPOINTMENT**

Name: Empl ID: Home Div/Dept:

Title: Salary Rate: Basis: \_\_\_\_\_\_Annual / \_\_\_\_\_\_Academic Year

Overload Provider: Div/Dept:

Proposed overload duties start on (MM/DD/YYYY) and end on

*(Approvals must be obtained* ***prior*** *to the start of the overload appointment)*

Overload payment requested (in dollars): $

Fund/Account:

*(If overload is from Fund 104/189, route to Director of Continuing Education; if from Fund 133/144, route to General Ledger;  
 if funded from Branch Campus, route to Branch Campus Administrator)*

Description of duties:

Explanation of why this request cannot be covered as a part of load:

Previous Overloads: List all previous overload appointments since July 1 of this year.

Department providing Overload: Overload Payment: Department providing Overload: Overload Payment:

Department providing Overload: Overload Payment:

Employee, Department Chair/Supervisor, and Dean/Director verification: [all must read and sign verifying knowledge of the statement]: *As a fulltime employee of UWSP, I agree to provide the service described above. I certify that the above will not interfere with regular fulltime duties as assigned, cannot be incorporated as part of a workload, and is unusual, short term and non-recurring. I have* read the UWSP Overload Policy and realize *that there is an overload limit of 20% of my base salary or $18,000 from the University of Wisconsin System. I also acknowledge that success in securing enrollments (recruitment) or securing financial aid cannot serve as the basis for an overload.*

Signature of Employee: Date:

Department providing overload Employee’s home department (leave blank if same)

Department Chair/Supervisor Date Department Chair/Supervisor Date

Dean/Director Date Dean/Director Date

Director of Continuing Education Date General Ledger Date

(104/189 funding only) (133/144 funding only)

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 Branch Campus Administrator Date

**UWSP Final Approval**

**Provost or designee Date**

Send completed form to Office of Academic Affairs. MUST be approved before work begins or payment will not be authorized. December 6, 2018