

**UNIVERSITY OF WISCONSIN-STEVENSON POINT (Main Campus)
UNIVERSITY OF WISCONSIN-STEVENSON POINT at Marshfield
UNIVERSITY OF WISCONSIN-STEVENSON 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: _____

<u>Department providing overload</u>		<u>Employee's home department (leave blank if same)</u>	
_____ Department Chair/Supervisor	_____ Date	_____ Department Chair/Supervisor	_____ Date
_____ Dean/Director	_____ Date	_____ Dean/Director	_____ Date

_____ Director of Continuing Education (104/189 funding only)	_____ Date	_____ General Ledger (133/144 funding only)	_____ Date
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Branch Campus Administrator _____
Date

UWSP Final Approval

Provost or designee _____
Date