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| ***Text, logo  Description automatically generated*** | **Overload Request Form** | [**Form ID #**](https://eforms.uwsp.edu/workspace.aspx)**:** |
| **\*\*Use this Form ID # on the corresponding RAF/CAF/PAF\*\*** |
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| **Purpose of the Form:** Use this form to request an overload (work that exceeds 1.0 FTE) for any Faculty or salaried Academic/University Staff. Approvals must be obtained before the overload appointment begins. The supervisor requesting the overload should be originating this form, not the employee. Completion of this form is not a promise of payment, nor does it authorize payment. **A RAF, CAF, or PAF still needs to be completed for contracting and/or payment.** Please reference the [Compensation Policy](https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/compensation-2/) on Overloads. |

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| **Person Information** | | | |
| Name: |  | EmplID: |  |
| Home Department/School/Unit: |  | | |
| UW System (TTC) Title: |  | UW System (TTC) Code: |  |
| Salary: |  | Pay Basis/Appt Duration | Choose an item. |

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| **Overload Information** | | | | |
| Department/School/Unit: |  | | | |
| Begin Date: | MM/DD/YYYY | | End Date: | MM/DD/YYYY |
| Payment will be a: | Fixed amount | Variable amount (i.e., based on enrollment) | | |
| Nature of overload: | Teaching | Non-teaching | | |
| Overload payment request/range: |  | | | |
| Description of duties: |  | | | |
| Explanation of why this request cannot be covered as part of load: |  | | | |

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| **Overload Funding Information** | | | | |
| Fund Code (xxx) | Program Code (x) | DeptID (Account) (xxxxxx) | Project ID (xxxxxxx) | **% (column must total 100%)** |
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| **Previous Overloads (**List all previous overload appointments in the same Fiscal year: July 1 through June 30**)** | |
| Department providing Overload: | Overload Payment Amount: |
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| **DocuSign routing instructions** |

1 – Employee – “Needs to sign” and date

2 – **Overload** Department Chair/Associate Dean/Unit Supervisor – “Needs to sign” and date

3 – **Overload** Dean/Director – “Needs to sign” and date (make sure to follow College or Division approval processes)

4 – **Overload** Account Budget Manager (WISER) (if different than either prior signature) – “Needs to sign” and date

5 – **Overload** Grant Accounting (if 113/133/144 account) – “Needs to sign” and date

6 – **Home Department** Department Chair/Associate Dean/Unit Supervisor – “Needs to sign” and date (if different Department)

7 – **Home Department** Dean/Director – “Needs to sign” and date (if different Dean/Director)

8\* – **Overload** Vice Chancellor/Division Leader or designee – “Needs to sign” and date

9\* – **Home Department** Vice Chancellor/Division Leader or designee – “Needs to sign” and date (if different VC/Division Leader or designee)

10 – [hr@uwsp.edu](mailto:hr@uwsp.edu) – “Receives a copy”

**\* IF EITHER 8 OR 9 ARE FOR ACADEMIC AFFAIRS**

8 or 9 – [acadaffpforms@uwsp.edu](mailto:acadaffpforms@uwsp.edu) – “Receives a copy”. AA will review and secure the remaining signatures and send copy to HR

**\* IF BOTH 8 OR 9 ARE NOT FOR ACADEMIC AFFAIRS**

Route as instructed

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| **Employee approval** |

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| *As a full-time employee of UWSP, I agree to provide the service described above. I certify that the above will not interfere with regular full-time 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.* | | | | | | | | | | |
|  | |  |  | |  |  | |  |  | |
|  |  |  |  |  |  | **1** | **Approved, Employee** |  | **Date** |  |
|  | | | | |  |  | | | | |
| **Department providing overload approvals** | | | | |  | **Employee’s home department approvals**  **(leave blank if same as Overload Department)** | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| **2** | **Department Chair/Associate Dean/Unit Supervisor** |  | **Date** |  |  | **6** | **Department Chair/Associate Dean/Unit Supervisor** |  | **Date** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **3** | **Dean/Director** |  | **Date** |  |  | **7** | **Dean/Director** |  | **Date** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **4** | **Account Budget Manager (WISER) (if different than any prior signature)** |  | **Date** |  |  |  |  |  |  |  |
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| **5** | **Grant Accounting (if 113/133/144 account)** |  | **Date** |  |  |  |  |  |  |  |
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| **Overload Division approval** | | | | |  | **Home Division approval**  **(leave blank if same as Overload Division)** | | | | |
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| **8\*** | **Vice Chancellor/Division Leader or designee** |  | **Date** |  |  | **9\*** | **Vice Chancellor/Division Leader or designee** |  | **Date** |  |
|  |  |  |  |  |  |  |  |  |  |  |