



**SUPPLEMENTAL AND OVERLOAD COMPENSATION  
AUTHORIZATION FOR SALARIED PERSONNEL  
(This form must be completed before service begins)**

Appointee \_\_\_\_\_ T Number \_\_\_\_\_

Account Title to be Charged \_\_\_\_\_ Account No. \_\_\_\_\_

Exact Dates of Service \_\_\_\_\_ to \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Nature, Purpose, and Justification (includes courses taught or time spent, etc.) :**

It is expected that the above assignment is in addition to any other services rendered to the University and will not interfere with any assignments assumed under any other contracts. It is understood that this authorization is for a non-advertised position, is valid only for the period specified above, and carries no guarantee of renewal or extension. For reference see Policy 6.9 of the University Policies and Procedures.

I accept the above assignment and agree to fulfill my part of the agreement. I select the following method of payment:

- Pay at end of service \*
- Pay throughout service period \*

\*I understand my selection of payment method may impact the amount of Federal tax withheld; that withholdings are my responsibility and the University cannot provide tax advice.

\_\_\_\_\_  
Appointee Date

Approval Signatures:

\_\_\_\_\_  
Initiating Authority Date

\_\_\_\_\_  
Dean or Director Date

\_\_\_\_\_  
Immediate Supervisor Date  
(If other than Dean or Director)

\_\_\_\_\_  
Provost/Vice President Date

Any change in this service should be reported immediately to the Human Resources Office.

**For Office Use Only**

Human Resources Approval \_\_\_\_\_ Budget Approval \_\_\_\_\_ Earnings Code \_\_\_\_\_

Position Number \_\_\_\_\_ Job Code \_\_\_\_\_

Pay Period Dates \_\_\_\_\_ -- \_\_\_\_\_ Pay Period Amount \_\_\_\_\_

Initiating Department – Goldenrod copy; remaining copies to Human Resources Office  
Processed copies will be returned to Department and Appointee.