

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

Date:

Employee Name:

Rank:

1USG Empl ID:

Dates of Additional Responsibilities: _____ to _____

Amount:

Effective Date:

Justification for Additional Responsibilities (justification should detail the course that will be for overload):

***Current course workload printout that shows credit and contact hours and seats taken from BANNER should be attached.**

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**