

UNIVERSITY OF WISCONSIN-PLATTEVILLE
AUTHORIZATION FOR ADDITIONAL PAYMENT FOR FULL-TIME 9 MONTH EMPLOYEES ONLY
*(Excluding Summer payments: July 1, August 1, September 1)**
**Note for 12 month employees: summer payments do count toward your overload limit*
(Print on light blue paper)

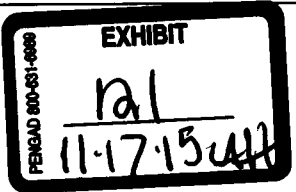
TO BE FILLED IN BY THE UNIT PAYING FOR THE PROPOSED ADDITIONAL PAYMENT	Name: Sabina Burton	Dept., school, or other unit: Criminal Justice
	Dept., school, or other unit providing additional payment: DLC	
	Proposed additional duties start on (MM/DD/YYYY): 01/13/15 and end on 05/20/15 <i>(Approvals must be obtained prior to the start of the additional appointment)</i>	
	Additional payment amount: \$ 260 per student <i>(If the exact payment amount is not known, please provide an estimate and explain why the exact amount is not yet known.)</i> Enrollment numbers are not known at this time.	
	Account payment to be charged to: DLC	Date(s) of payment: 04/01/15, 06/01/15

TO BE FILLED IN BY EMPLOYEE	Description of duties: Sabina will be teaching CRIMLJUS 7340 CJ Cyber-Crime and one student in CRIMLJUS 7920 Seminar Research Paper.
	Explanation of why this request cannot be covered as a part of load: Sabina has a full-time assignment on campus.
	Previous or pending additional overload payments: <i>(Please list all additional appointments for which payment has been or will be received during this fiscal year – Excluding Summer {July 1, August 1, September 1} Payments)</i> Unit providing additional payment: _____ Additional payment amount: \$ _____ Unit providing additional payment: _____ Additional payment amount: \$ _____ Unit providing additional payment: _____ Additional payment amount: \$ _____ Unit providing additional payment: _____ Additional payment amount: \$ _____

Employee verification: *As a fulltime employee of UW-Platteville, I agree to provide the service described above. I certify that this service will not interfere with my regular full-time duties and cannot be incorporated as part of this workload. I realize that I cannot earn more than a cumulative total of \$18,000 for all overload or other additional payments during my contract period in any given fiscal year. I realize it is my responsibility to ensure that I do not exceed this limit and I further realize that if I volunteer for additional assignments after I have reached this limit I will not be paid for the partial or full completion of those assignments.*

Signature of employee _____		Date _____	
THE FOLLOWING SIGNATURES SIGNIFY APPROVAL FOR THE REQUESTED ASSIGNMENT SUBJECT TO THE \$18,000 PER FISCAL YEAR LIMIT.			
Approval for the unit paying the proposed additional payment		Approvals for the employee's home unit (if different)	
1) Program Coordinator _____	Date _____	3) Dept Chair/Supervisor _____	Date _____
2) Executive Director DLC _____	Date _____	4) Dean/Director _____	Date _____
		5) Provost or designee _____	Date _____

ATTACH A COPY OF THIS APPROVED FORM TO ADDITIONAL PAYMENT SHEET ("GREEN SHEET") WHEN PROCESSED.



Effective Date: January 1, 2007
 Revised: 2/19/07; 8/15/2013; 9/16/2013