

**UNIVERSITY OF WISCONSIN-PLATTEVILLE**  
**AUTHORIZATION FOR ADDITIONAL PAYMENT FOR FULL-TIME EMPLOYEES ONLY**  
 (Excluding Summer payments: July 1, August 1, September 1)  
 (Print on light blue paper)

**COPY**

TO BE FILLED IN BY THE UNIVERSITY PROVIDING ADDITIONAL PAYMENT

Name: Sabina Burton Dept.: School of Other Unit: Criminal Justice

Dept.: School of Other Unit providing additional payment:

Proposed additional duties start on MM/DD/YYYY: 01/20/2013 and end on MM/DD/YYYY: 05/31/2013  
 (Approvals must be obtained prior to the start of the additional appointment)

Additional payment amount: \$ 2,000.3375  
 (If the exact payment amount is not known, please provide an estimate and explain why the exact amount is not available)

Account payment to be charged to: 221030 Date(s) of payment: Equal Payments beginning: 2/1/13

Description of duties:  
Teaching CJ 4630-02 Cyber Crime for 3 credits

Explanation of why this request cannot be covered as part of load:  
Sabina's already at 100% percent

RECEIVED  
 DEAN'S OFFICE  
 NOV 20 2012  
 COLLEGE OF LIBERAL  
 ARTS AND EDUCATION

TO BE FILLED IN BY EMPLOYEE

**Previous or pending additional overload payments:** (Please list all additional appointments for which payment has been or will be received during this calendar year -- Excluding Summer (July 1, August 1, September 1) Payments)

Unit providing additional payment: Distant Learning Additional payment amount: \$ 1000.-

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 \$12,000 for all overload or other additional payments during my contract period in any given calendar 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.

Sabina Burton Nov. 21, 2012

Signature of employee Date

THE FOLLOWING SIGNATURES SIGNIFY APPROVAL FOR THE REQUESTED ASSIGNMENT SUBJECT TO THE \$12,000 PER CALENDAR YEAR LIMIT

Approval for the unit paying the proposed additional payment <u>[Signature]</u> Date: <u>11/21/12</u>	Approval for the employee's home unit (if different) <u>[Signature]</u> Date: _____
Approval for the unit providing additional payment <u>[Signature]</u> Date: <u>11/21/12</u>	Approval for the unit providing additional payment <u>[Signature]</u> Date: _____
Approval for the unit providing additional payment <u>[Signature]</u> Date: _____	Approval for the unit providing additional payment <u>[Signature]</u> 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  
**UW-P 000379**