

**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)*

<b>TO BE FILLED IN BY THE UNIT PAYING FOR THE PROPOSED ADDITIONAL PAYMENT</b>	<b>Name:</b> _____	<b>Dept., school, or other unit:</b> _____
	<b>Dept., school, or other unit providing additional payment:</b> _____	
	<b>Proposed additional duties start on (MM/DD/YYYY):</b> _____ <b>and end on</b> _____ <i>(Approvals must be obtained prior to the start of the additional appointment)</i>	
	<b>Additional payment amount:</b> \$ _____ <i>(If the exact payment amount is not known, please provide an estimate and explain why the exact amount is not yet known.)</i>	
	<b>Account payment to be charged to:</b> _____	<b>Date(s) of payment:</b> _____
	<b>Description of duties:</b>  _____	
<b>Explanation of why this request cannot be covered as a part of load:</b>  _____		

<b>TO BE FILLED IN BY EMPLOYEE</b>	<b>Previous or pending additional overload payments:</b> <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: \$ _____
<b>Employee verification:</b> <i>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.</i>		
<b>Signature of employee</b> _____	<b>Date</b> _____	

<b>THE FOLLOWING SIGNATURES SIGNIFY APPROVAL FOR THE REQUESTED ASSIGNMENT SUBJECT TO THE \$18,000 PER FISCAL YEAR LIMIT.</b>			
<b>Approval for the unit paying the proposed additional payment</b>		<b>Approvals for the employee's home unit (if different)</b>	
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.**