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
*(Approvals must be obtained **prior** to the start of the additional appointment)*

Additional payment amount: $ 500
(If the exact payment amount is not known, please provide an estimate and explain why the exact amount is not yet known.)
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

Description of duties:
Sabina will supervise 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.

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 fiscal year – Excluding Summer {July 1, August 1, September 1} Payments)*

Unit providing additional payment: _____ Additional payment amount: $_____
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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