

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