

**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)*

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| <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> _____<br><i>(Approvals must be obtained prior to the start of the additional appointment)</i> |  |
|  | <b>Additional payment amount:</b> \$ _____<br><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><br><br>_____   |  |
| <b>Explanation of why this request cannot be covered as a part of load:</b><br><br>_____ |  |  |

|                                    |  |
|------------------------------------|--|
| <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: \$ _____<br>Unit providing additional payment: _____ Additional payment amount: \$ _____<br>Unit providing additional payment: _____ Additional payment amount: \$ _____<br>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> _____  |

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|--|------------|--|------------|
| <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.**