

**UNIVERSITY OF WISCONSIN-MILWAUKEE
REQUEST FOR OVERLOAD APPOINTMENT**

Name: _____ Div/Dept: _____

Person ID: _____ Title: _____ Salary Rate: _____ Basis: A C H
(Circle one)

Overload Provider: Div/Dept: _____

Proposed overload duties start on (MM/DD/YYYY) _____ and end on _____
(Approvals must be obtained **prior** to the start of the overload appointment)

Overload payment requested (in dollars): \$_____ Fund/Account: _____
(If overload is from Fund 104/189, copy Dean of School of Continuing Education; if from Fund 133/144, copy Dean of Grad School)

Description of duties:

Explanation of why this request cannot be covered as a part of load:

Previous Overloads: List all previous overload appointments since January 1 of this year.

Department providing Overload:	Overload Payment:
Department providing Overload:	Overload Payment:

Employee, Department Chair/Supervisor, and Dean/Director verification: [all must read and sign verifying knowledge of the statement]: *As a fulltime employee of UWM, I agree to provide the service described above. I certify that the above will not interfere with regular fulltime duties as assigned, cannot be incorporated as part of a workload, and is unusual, short term and non-recurring. I have read the [UWM Overload Policy](#) and realize that there is an overload limit of \$12,000 per calendar year from a state agency.*

Signature of Employee: _____ Date: _____

Department providing overload

Employee's home department (leave blank if same)

_____ Department Chair/Supervisor	_____ Date	_____ Department Chair/Supervisor	_____ Date
_____ Unit Business Rep/Personnel Rep	_____ Date	_____ Unit Business Rep/Personnel Rep	_____ Date
_____ Dean/Director	_____ Date	_____ Dean/Director	_____ Date

UWM Final Approval

_____ Provost or designee	_____ Date
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