ACADEMIC YEAR AND FISCAL YEAR CONTRACT ADDENDUM
FOR TEMPORARY OVERLOAD COMPENSATION

Date: ____________________________

Employee Name: ________________________________

Employee ID: ________________

Dates of Additional Responsibilities: __________ to __________

Amount: ____________________________

Effective Date: ____________________________

Description of Additional Responsibilities: ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Approved by: ________________________________

Direct/Department Head*

Approved by: ________________________________

Dean/Department Head*

Approved by: ________________________________

Provost/Vice President*

Approved by: ________________________________

President*

*Use titles appropriate to your institution

AMENDMENT ACCEPTANCE

I accept the contract amendment under the terms set forth.

Signed: ________________________________

Date: ________________________________