ACADEMIC YEAR AND FISCAL YEAR CONTRACT ADDENDUM
FOR TEMPORARY OVERLOAD COMPENSATION

EMPLOYEE INFORMATION

Name

GCID Number

Title

Department Choose One

ADDITIONAL RESPONSIBILITIES

Effective Date:

Begin Date

End Date

Description

Compensation Amount

OVERLOAD RESOLUTIONS

Approved ☐ Denied ☐

Approved ☐ Denied ☐

Department Head

Dean

Approved ☐ Denied ☐

Approved ☐ Denied ☐

Provost

President

OVERLOAD ACCEPTANCE

Faculty Member