

Please indicate type of action

Employment

Continuation of Overload Employment

STIPULATIONS FOR STAFF OVERLOAD ASSIGNMENT  
(Must be submitted with a completed Employee Status Requisition)

Employee Name \_\_\_\_\_

Will work the following:

Hours \_\_\_\_\_ Days of the week \_\_\_\_\_ Length of Assignment \_\_\_\_\_ month(s)

Summary of Job Duties

Hourly Wage Calculation (Note: The hourly wage must be within the approved job grade range for the overload position.

TOTAL AMOUNT TO BE PAID BY EMPLOYEE STATUS REQUISITION \$ \_\_\_\_\_

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Staff Employee Acceptance of Overload Assignment:

I certify that a time sheet that reflects workweek adjustment(s) and actual hours worked will be submitted monthly. I further understand that the overload must not be completed during regular work hours; 8:00 a.m. to 5:00 p.m. Overloads can be worked before or after regular work hours.

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Staff Member

Date