



Pay Adjustment/Overload Request Form

Name					SSN/V#			
Position #		Employee Class	Classified	Hourly	Temp	Uncl Prof	Faculty	GTA/GRA
Department					Title			
Salary Rate (Based on 1.0 FTE)	Annual	Monthly	Hourly	Effective Date of Change:				

If requesting Overload or Stipend, check appropriate box		Instructional (10201)		Non-Instructional (10202)		Stipend (10107)
Brief Description of Request:						

Please include all fiscal year employment in table below (attach rows as necessary)

FROM						TO					
Dates	Index	Fund Code	Term FTE	Annual FTE	Wages Budgeted	Dates	Index	Fund Code	Term FTE	Annual FTE	Wages Budgeted
Totals		Fall:				Totals		Fall:			
		Winter:						Winter:			
		Spring:						Spring:			
		Summer:						Summer:			

Division Chair/Director		Date	
Dean		Date	
Provost/VP		Date	
Human Resources Director		Date	
Budget Director		Date	