

**OKLAHOMA STATE UNIVERSITY
REQUEST FOR OVERLOAD PAY**

Name:

Department/unit:

Campus address:

Description of the overload assignment (attach additional pages if necessary):

Duration of overload assignment:

Start date:

Completion date:

Amount of overload pay requested (salary months and fractions thereof):

Signature & date

ADMINISTRATIVE ACTION

The faculty member, academic staff member, or academic administrator named above is fulfilling the requirement of the full-time workload assignment in a satisfactory manner, the overload work assignment is necessary, it constitutes a substantial increase in regular workload, it cannot be handled reasonably through other mechanisms (e.g. subsequent release time), and it will not adversely affect performance of his/her regular duties.

Amount of overload pay approved:

Date

Signature of department/unit head

Date

Signature of dean

If overload pay results in total compensation exceeding 13 months of salary, approval of the Provost and OSU Board of Regents is required. In cases when advanced approval of the OSU Board of Regents is not possible, the Provost will inform the Board of his/her approval.

c: Dean
Department/unit head
College Fiscal Officer
Applicant