University of Kentucky Staff Internal Overload Form
Requested Internal Overload Assignment Must Be Approved <u>Prior</u> to Performance of Assignment

Employee and Unit Information				
Name (last, first, middle)	Person I Regular Assignment	D number	Basic Annual Salary	Today's Date ad Assignment
Organizational Unit	Regular Assignment		<u>Overior</u>	ad Assignment
College or Division				
Provost or Vice President				
				
Overload Assignment Information				
Detailed description of work to be				
Times/Days work will be performed				to
Source of Funds: Cost Object _				
West newformed during normal			D Wed- not neglected during	manus la sus alvia sa la suma
☐ Work performed during normal Time will be made up by worki			☐ Work not performed during	normal working nours
Time will be made up by worki	iig			
Payment of the Overload				
		\neg	☐ Compensation	Rate: Hourly Rate
*NOTE: Fee schedule amount used o			Hourly rate:	
course for academic credit.	nty when leaching a University		Total hours related to overload ass	signment:
Fee schedule amount:		~0R~	Total compensation for overload a	
Total compensation for overload assignment				ue obtained by dividing basic annual
			salary by 2080.	
Overload Assignment History				
Basic annual salary X 20%:	NOTE: Under normal	circumstances, tot	al compensation from all internal overload ass	signments during a fiscal year may not exceed
20% (twenty percent) of the employee's basic and (20%) of the exempt staff employee's basic annu				fiscal year may not exceed twenty percent
Total compensation related to other app				
If this requested overload assignment is	s approved, total compensation fr	om <i>all</i> internal	overload assignments during current	fiscal year:

hours; and/or 2. Outside the organizational unit in which the employee is regularly assigned; and/or 3. Performed separate and apart from usual working hours Dean, Director, Head of Organizational Unit Signature Date Approval Signatures for Overload Assignment Supervisor Signature I verify that the requested overload assignment is: 1. Of special and infrequent nature, and therefore not feasible to hire a temporary employee to perform the assignment 2. Clearly serves the best interest of the University of Kentucky Dean, Director, Head of Organizational Unit Signature Date Principal Investigator (if sponsored project funds are used) Date Director, Sponsored Projects Administration (if sponsored project funds are used) Compensation Review for Overload Assignment Approved Not Approved: Within the scope of the specified duties (as described in the position description) of the employee's regular position Performed during usual working hours Performed in the same department	Employee Signature I verify that the proposed overload payment plus the total of all other internal overload		
Supervisor Signature Date		tor to performance of the internal overload assignment du	ities.
Iverify that the requested overload assignment is: Clearly beyond the scope of the specified duties (as described in the position description) of the employee's regular position which are performed during normal working hours; and/or Outside the organizational unit in which the employee is regularly assigned; and/or Performed separate and apart from usual working hours Date			
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Compensation Reviewer Date	Not Approved: Within the scope of the specified duties (as described Performed during usual working hours		gular position
	Compensation Reviewer		 Date