

**Viterbi School of Engineering
FACULTY OVERLOAD REQUEST AND APPROVAL FORM**

Date: _____ Preparer's Name: _____ ext.: _____ email: _____

EMPLOYEE'S INFORMATION

Name: _____ Employee ID#: _____
(7 digit number)

Job Title: _____

Home School: _____ Home Dept. #: _____

Core Salary: \$ _____ Institutional Base Salary (IBS): \$ _____

OVERLOAD INFORMATION

Overload Amount : \$ _____ Total Previous Overload Payments : \$ _____
(Current Academic Year (8/16-8/15))

Academic Year **or** Fall 20 **or** Spring 20 **or** Other: _____ -- _____
(start) (end)

Detailed description of work and reason for overload: _____

FUNDING INFORMATION

Ern Line	Account Number	Obj Code	Regular Rate	Start Date	End Date	Pct	Irreg Rate	Amount to Pay

APPROVALS

Funding Dept. Chair: _____ Date: _____

Funding Dept. Dean: _____ Date: _____

Employee's Dept. Chair: _____ Date: _____

Employee's Dept. Dean: _____ Date: _____

Provost.: _____ Date: _____
(if required)