

Staff-Adjunct Overload Form

Use this form for authorization of an Adjunct Overload Assignment above the employee's regular budgeted Staff Assignment. This form will be used for approval to the Staff supervisor of the employee performing Adjunct work in addition to their regular Staff duties. Employees and their supervisors are responsible for ensuring compliance with URP:05.235.

Employee Name:**Requesting Department:****Current Title:****Requesting Department
Contact Name:****Primary Department:****Requesting Department
Contact Email:****Adjunct Assignment
Start Date:****Adjunct Assignment FTE:****Adjunct Assignment
End Date:**

Employee Certification: *I hereby certify that the above referenced duties are outside my normal duties and will be performed outside of my normal work hours.*

Employee Signature:**Employee's Direct Supervisor:****Requesting
Department Chair:****Reviewed by Human Resources:****Manager, Academic Budgets:****Chancellor and President OR
Divisional Vice President/Provost
(Whichever is applicable):**

Please note a new form will be required each Fiscal Year.