

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:****Current Position Code****Requesting Department
Contact Email:****Primary Department:****Adjunct Assignment FTE:****Adjunct Assignment
Start Date:****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:****Requesting Department Dean :****Sr. Manager, Academic
Budgets:****Chancellor and President OR
Divisional Vice President
(Whichever is applicable):****Provost:****Reviewed by Human
Resources:**

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