



Overload Details										
Start Date:					Term Date:					
Employee Name:					UID					
Dept/Unit:										
Amount:					KFS Account Number					
Description of Duties:										
Calculation of Payment:										
<p>The overload payment is for an assignment that is not part of the employee's regular duties. In forwarding this request, the employee and supervisor mutually acknowledge and agree that (1) the employee has permission to work on an overload basis; (2) performance of the overload duties will not occur during his/her regular duty hours (3) performing this overload will not otherwise interfere with the performance of employee's regular duties</p>										

## Approval

Employee	Signature	Date
Supervisor	Signature	Date
Chair	Signature	Date
Dean	Signature	Date
VP/Provost	Signature	Date
Assistant Vice President University Human Resources	Signature	Date

**Form must be submitted via email to [uhrconnect@umd.edu](mailto:uhrconnect@umd.edu) 2 weeks prior to start date**