



Supplemental Employment Authorization

(Check One) Faculty Teaching Overload Staff Teaching Courses
 Faculty Working Secondary Position Staff Working Secondary Position

Employee Name: _____ Employee ID#: _____

Primary Department: _____ Title (Primary Department): _____

Classification (Check One): Exempt Staff Non-Exempt Staff
 10 Mo Fac 12 Mo Fac FTNTT/PTNTT Adjunct

Primary Work Schedule:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------|--------|--------|---------|-----------|----------|--------|----------|
| Start Time: | | | | | | | |
| End Time: | | | | | | | |
| Start Time: | | | | | | | |
| End Time: | | | | | | | |

Secondary Department: _____ Overload Start Date: _____ End Date: _____

Secondary Position Title: _____ Rate of Pay: \$ _____ Per Credit Per Hour

Overload Work Schedule: Total Credit/Work Hours (If Applicable): _____

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------|--------|--------|---------|-----------|----------|--------|----------|
| Start Time: | | | | | | | |
| End Time: | | | | | | | |
| Start Time: | | | | | | | |
| End Time: | | | | | | | |

List overload courses or describe duties and responsibilities of secondary position (**whichever applicable**):

This certifies that overload employment has been approved for the above named. This overload assignment will not interfere with the employee's normal work shift. I approve the employment as described above.

Employee: _____ Date _____

Primary Department Head: _____ Date _____

Secondary Department Head: _____ Date _____

Primary Area Dean (If Applicable): _____ Date _____

Primary Area VP or Provost: _____ Date _____