***College of Education and Human Sciences***

***Faculty Overload Request Form***

**Date:** January 21, 2021

**Name:**

**Department:**

**Appointment type:** 9-month or 12-month

**Cost object:**

**Overload to be paid:**

**Time period:**

Description of overload assignment: (briefly explain why supplement pay is necessary and why it will not conflict with normal, total responsibilities to UNL for teaching, research, public service, committee and administrative duties. Attach additional pages if necessary.

Overload is for (check one):

\_\_\_\_\_Teaching and none of FTE is grant funded (skip to “C”)

\_\_\_\_\_Teaching but part of FTE is grant funded (complete “A” through “C”)

\_\_\_\_\_Research (complete “A” through “C”)

1. **Project Title:**
2. **This form documents the university’s compliance with OMB Circular A-21 supplemental pay restrictions for audit purposes.**

**When a sponsoring agency allows supplemental pay for project personnel, the university may allow such payments when all of the following conditions are met (please check if met):**

\_\_\_\_\_The project has written sponsor authorization (approval needed from financial officer of funding agency) for supplemental pay. **A copy of the sponsor approval or budget section detailing supplemental pay must be attached to process pay.**

**\_\_\_\_\_**Supplemental work will be in addition to the employee’s regular workload and does not involve release time.

\_\_\_\_\_Supplemental work is performed for a department, center or academic unit other than the employee’s assigned department or involves a separate function or physically remote location.

 \_\_\_\_\_Rate of pay is consistent with the employee’s base salary for other UNL funds.

\_\_\_\_\_Provisions and limitations for supplemental pay comply with university policy. See Executive Memorandum Number 19 (Overload Assignments).

\_\_\_\_\_Employee has at least 25% salary savings included in their total funded grant activities.

**C. Signatures/Approvals**

*I agree to abide by the policies and procedures related to supplemental (overload) pay:*

Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I have read the above and agree that all conditions stated on this form have been met and the employee qualifies for*

*supplemental (overload) pay:*

Chair/Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

Dean Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

***Office of Sponsored Programs (for research requests only):***

Justification and backup reviewed/approved by OSP:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_