***Instructions:*** This form is used to request payment of activities for full-time EPA employees that are non-permanent in nature and are outside the normal scope of duties and responsibilities. The requesting department must initiate this form and secure appropriate administrative signatures prior to payment. Submit signed forms to either EPA Non-Faculty Human Resources or Academic Personnel, as applicable, for review and approval. The request, when approved, will be returned to the department and should be attached to the ePAR in PeopleSoft.

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| --- | --- | --- | --- | --- |
| **AUTHORIZED PERSONNEL** | | | | |
| **Employee Name** |  | | **PID:** |  |
| **Employee Working Title:** | |  | | |
| **Base Department Name:** | |  | **Base Dept. #:** |  |
| **Requesting Department Name:** | |  | **Requesting Dept. #:** |  |
| **Employee’s Base Salary:** | |  | **Requested Overload Amount:** |  |
| **Activity Start Date:** | |  | **Expected/Estimated End Date:** |  |
| **Total Fiscal Year Annualized Salary:** | |  |  |  |

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| **TYPE OF ACTIVITY (Please select below)** | |
|  | Teaching a course that is exceptional to normal teaching load |
|  | Assignment to a special project |
|  | Additional duties not expected or associated with the position |
|  | Other (please explain: |

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| **PURPOSE OF ACTIVITY** |
| **Describe the duties and responsibilities that justify payment:** |
| **Explain how/why these duties are outside the scope of the employee’s regularly assigned job duties:** |

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| **CERTIFICATIONS** | | | |
| **Requesting Department Head Signature:** |  | **Date:** |  |
| **Print Name:** |  | **Title:** |  |
| **Requesting/Home Dept. Dean/Division HR Approver Signature:** |  | **Date:** |  |
| **Print Name:** |  | **Title:** |  |
| **Home Department Head Signature:** |  | **Date:** |  |
| **Print Name:** |  | **Title:** |  |
| **OHR/Academic Personnel Approver Signature:** |  | **Date:** |  |
| **Print Name:** |  | **Title:** |  |