

Request is to be submitted prior to commencement of services on a term by term basis.

Name: Last, First, Middle Initial	University ID Number	Rank	FTE	Appt Type (9 or 12 months)

Department and Home Institution	Term Dates of Overload Service*		Amount to Be Paid
	From	To	

\* Service is to be performed before employee can be paid.

Justification for the amount to be paid, as specified in the Overload Policy, must have been approved by the Senior Vice Provost for Academic Affairs before this document will be processed. Documentation is required to be on file in the department.

Employee has read and signed the [Conflict of Commitment policy](#) and documentation is on file in the employee's department personnel file.

Type of service to be rendered and reason for the payment of overload compensation to this employee:

Please select ONE payment method:

Split Payment

Lump Sum Payment

	Date	Amount	Date	Amount	Date	Amount	Date	Amount
<u>Check One</u>	<u>Service Rendered</u>	<u>Account Code</u>	<u>Pay Code</u>					
<input type="checkbox"/>	Instructional	10201	OVX					
<input type="checkbox"/>	Non-Instructional	10202	OVP					

Index Number: \_\_\_\_\_ Activity Code (optional): \_\_\_\_\_

Source of Funds for Payment:  \*Sponsored Agreements  Service Fee  Instructional Budget  Self-Support

\*A request to pay on a different source of funds must be attached to this form. Requests to use sponsored agreements are very limited per OMB Circular A-21, and must be approved in writing, in advance, by the sponsoring agency and the Office of Post Awards Administration.

**Authorization Approvals**

I certify that I have read the Oregon State University Overload and Conflict of Commitment policies and this request complies with the policy guidelines and requirements.

_____	_____	_____
Employing College/Unit Authorized Representative	Phone	Date
_____	_____	_____
Employee's Supervisor	Phone	Date
_____	_____	_____
Executive Officer or Authorized Representative (if faculty member is employed by another institution)	Phone	Date

**Please submit one copy of this form to your Business Center Human Resources**

Reviewed by:

_____	_____	_____
Business Center HR Representative	Phone	Date