

DORNSIFE FLAT OVERLOAD REQUEST
(NOT TO BE USED FOR TEACHING)

Employee Name: _____ **Employee I.D. Number:** _____

Department: _____

REQUESTED BY: _____ **TITLE:** _____

CONTACT INFO: EMAIL ADDRESS _____ **PHONE #** _____

CURRENT RATE OF PAY: _____ **Annual rate (exempt)** or _____ **hourly rate (non-exempt)**

PROPOSED FLAT OVLD: _____ **lump sum payment**

Funding Source(s):

RATIONALE: (Why is the Bonus/Award needed.)