

DORNSIFE 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 OVERLOAD: _____ **Monthly rate (exempt)** or _____ **hourly rate (non-exempt)**

Period of work: _____

Funding Source(s):

RATIONALE: (Why is the overload needed? Consult with Dornsife HR Administration for appropriate levels of compensation.)