

GRADUATE ASSISTANT OVERLOAD REQUEST FORM

(This form must be completed and all approvals secured before overload may begin)

I. GRADUATE STUDENT INFORMATION

Current Appointment

Name: _____ Budget Number: _____

SSN: _____ Position Number: _____

Appointment Title: _____

Duration of Appointment (mm/dd/yr to mm/dd/yr): _____

Monthly Rate of Pay: \$ _____ FTE Assignment _____

Employing Department (if different than Academic Department): _____

Total Compensation for Appointment Duration (monthly rate x duration): \$ _____

Hours enrolled: _____ GPA: _____ Is Student in Good Standing? Yes _____ No _____

Academic Dept: _____ Academic College: _____

Proposed Overload Appointment

Appointment Title: _____

Duration of Appointment (mm/dd/yr to mm/dd/yr): _____

Avg. Hrs/Month: _____ Monthly Rate of Pay: \$ _____

Hourly Rate (monthly rate / avg monthly hrs): \$ _____

Total Compensation for Additional Appointment Duration (monthly rate x duration): \$ _____

Employing Department: _____ Employing College: _____

Attach PAR showing both the current appointment(s) and proposed overload appointment.

II. DESCRIPTION OF OVERLOAD ACTIVITIES AND JUSTIFICATION FOR NEED.

(If overload is for instructional purposes, include: course name, course #, and approx. number of students enrolled in section)

III. STUDENT VERIFICATION OF INFORMATION

The above information is correct, and I accept the responsibilities associated with the proposed overload

Student Signature _____ Date _____

IV. APPROVALS

Advisor/Supervisor _____ Date _____

Academic Department Chair _____ Academic Dean _____ Date _____

Overload Employer (if different from Academic Chair) _____ Date _____

Dean, Graduate and Professional Studies _____ Date _____

Upon approval of Dean of Graduate and Professional Studies, the attached PAR and this form will be submitted Human Resources. A copy of this approval will be forwarded to the academic department as confirmati