

Date:			
Name of Requester:		Phone:	
Name of Employee Receiving Over	load:		
Org Code:	Project Code:		
Org Code/Project Code Name:			
Amount: \$	Payment Type:	Single	Multiple
Effective Date of Change Begin:			
Effective Date of Change End:			
The following categories are justification in the space p	•	request. Please select a	category and
Teaching of courses exceed not interfere with basic courses	• • • • •	al of the Dean indicatin	ig that this does
Engaging in entrepreneuria	l or research activities		
Operating a camp or partic	ipating in a conference/	workshop	
Covering an emergent situa	ation – immediate cover	age is needed	
Teaching a course(s) during	g Winterim		
Please describe the specific roles a	nd tasks that are not re	lated to your current po	osition assignment:

Completed forms should be attached to the online request in the change of status system. Any questions related to overload exceptions may be directed to HR at hr@uww.edu.

Approved by Department Chair:	Date:
Approved by Dean/Director:	Date:
Approved by Division Head:	Date:
Approved by Chancellor:	Date: