

## Overload Pay Approval Form

The undersigned individuals approve of the following request for overload pay as detailed in the line-item budget and confirm that the overload pay meets the conditions of [Policy 1306](#).

*\*At least two levels of authorization are required.*

*\*\*Each individual receiving overload pay must circulate a separate form.*

Payee (print name)

Proposal Title

### *Signatures*

Unit/Department/Center  
Authorization

Date

College (or equivalent)  
Authorization

Date

*(if applicable)*  
Provost/VP

Date