

WESTERN OREGON UNIVERSITY

Pay Adjustment/Overload Request Form

Name					SSN/V#			
Position #		Employee Class	Classified	Hourly	Temp	Prof.	Faculty	GTA/GRA
Department					Title			
Salary Rate (enter one)	Annual	Monthly	Hourly	Home Institution (if not WOU)				

If requesting Overload or Stipend, check appropriate box		Instructional (10201)		Non-Instructional (10202)		Stipend (10107)
Brief Description of Request:						

Please include all fiscal year employment in table below (attach rows as necessary)

FROM					TO				
Dates	Funding Index	Term FTE	Annual FTE	Wages Budgeted	Dates	Funding Index	Term FTE	Annual FTE	Wages Budgeted
Totals									

Division Chair/Director		Date	
Dean		Date	
Provost/VP		Date	
Budget Director		Date	
Human Resources Director		Date	
President		Date	
Home OUS University (as applicable)		Date	
Overload Approval Signature		Date	