

**Academic Year and Fiscal Year Faculty Contract Addendum  
for Temporary Overload Compensation**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Dates of Additional Responsibilities: \_\_\_\_\_ to \_\_\_\_\_

Amount: \_\_\_\_\_

Funding Source (Seven-Digit Department ID): \_\_\_\_\_

Date(s) to be Paid: \_\_\_\_\_

Description of Additional Responsibilities:

Approved by: \_\_\_\_\_  
(Print Name) Contracting Administrator (Sign Name)

Approved by: \_\_\_\_\_  
(Print Name) Director/Department Head (Sign Name)

Approved by: \_\_\_\_\_  
(Print Name) Dean/Division Head (Sign Name)

Approved by: \_\_\_\_\_  
(Print Name) Business Manager (overseeing funding source listed above) (Sign Name)

Approved by: \_\_\_\_\_  
(Print Name) Vice President for Research (if Grant/Sponsored Funds) (Sign Name)

Approved by: \_\_\_\_\_  
(Print Name) AAF Financial Officer (Sign Name)

Approved by: \_\_\_\_\_  
(Print Name) Provost and Vice President for Academic Affairs (Sign Name)

Approved by: \_\_\_\_\_  
(Print Name) President (Sign Name)

**Amendment Acceptance**

I accept the contract amendment under the terms set forth.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_