

UNIVERSITY OF KENTUCKY
INTERNAL OVERLOAD FORM FOR EXEMPT STAFF EMPLOYEES

TO BE COMPLETED BY UNIT IN WHICH EMPLOYEE IS REGULARLY ASSIGNED

Last Name	First Name	M.I.	Social Security Number	Date of Request	Basic Annual Salary
_____	_____	_____	_____	_____	_____
	Educational Unit or Administrative/Operating Unit		College or Administrative/Operating Unit		Chancellor/Vice President Sector
Regular Assignment:	_____		_____		_____
Overload Assignment:	_____		_____		_____

TO BE COMPLETED BY UNIT IN WHICH EMPLOYEE WILL PERFORM OVERLOAD

Nature of requested internal overload assignment:

Dates covered by requested assignment: _____ to _____
Hours and days when requested assignment will be performed, if approved:*

Source of funds: Account number _____
Compensation rate: Fee schedule _____ or hourly rate _____, as applicable
If hourly rate is applicable: Basic annual salary divided by 2080** _____
Total number of hours related to the requested assignment _____
Total compensation related to requested assignment: _____

TO BE COMPLETED BY PERSONNEL OFFICE OF SECTOR IN WHICH EMPLOYEE IS REGULARLY ASSIGNED

Total compensation related to other approved internal overload assignments during current fiscal year: _____

If this requested assignment is approved:
Total compensation from all internal overload assignments during current fiscal year _____ Basic annual salary (20/100)*** _____

* Requested internal overload assignment must be approved prior to assignment being performed
** Hourly rate may not exceed value obtained by dividing basic annual salary by 2080.
*** Total compensation from all internal overload assignments during a fiscal year may not exceed twenty percent (20%) of the exempt staff employee's basic annual salary for the pertinent fiscal year.

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EMPLOYEE: I certify that the proposed overload payment plus the total of all other internal overload payments previously approved for me during the current fiscal year does not exceed twenty percent (20%) of my basic annual salary.

Signed: _____ Date: _____

IMMEDIATE ADMINISTRATIVE SUPERVISOR FOR EMPLOYEE IN REGULAR ASSIGNMENT:

1. The assignment is clearly beyond the scope of the specified duties (as set forth in the job description) of the employee's regular position that are performed during normal and usual working hours.
2. The assignment is outside the organizational unit in which the employee is regularly assigned.
3. The assignment to be performed is totally separate and apart from usual working hours.

Confirmed: _____ Date: _____

IMMEDIATE ADMINISTRATIVE SUPERVISOR FOR EMPLOYEE IN OVERLOAD ASSIGNMENT:

4. The assignment is of special and infrequent nature thereby making it not feasible to hire a temporary employee to perform the assignment.
5. The assignment clearly serves the best interest of the University.

Confirmed: _____ Date: _____

APPROVALS

Dean/Director of College
or Head of Administrative/Operating Division
(responsible for employee's regular assignment)

Date

Principal Investigator
(if sponsored project funds are used)

Date

Dean/Director of College
or Head of Administrative/Operating Division
(responsible for employee's overload assignment)

Date

Director, Sponsored Projects Administration
(if sponsored project funds are used)

Date

Forward all copies to the dean/director of the college or the head of the administrative/operating division responsible for the employee's overload assignment for final approval. Distribution of copies: white copy – dean/director of the college or the head of the administrative/operating division responsible for the employee's overload assignment; green copy – dean/director of the college or the head of the administrative/operating division responsible for the employee's regular assignment; yellow copy – Personnel Office for the academic sector in which employee has regular assignment; pink copy – immediate supervisor for employee in overload assignment; goldenrod copy – employee.