

**ACADEMIC YEAR AND FISCAL YEAR CONTRACT ADDENDUM
FOR TEMPORARY OVERLOAD COMPENSATION**

Date: _____

Employee Name: _____

Employee ID: _____

Dates of Additional Responsibilities: _____ to _____

Amount: _____

Effective Date: _____

Description of Additional Responsibilities:

Approved by: _____
*Director/Department Head**

Approved by: _____
*Dean/Division Head**

Approved by: _____
*Provost/Vice President**

Approved by: _____
*President**

*Use titles appropriate to your institution

AMENDMENT ACCEPTANCE

I accept the contract amendment under the terms set forth.

Signed: _____

Date: _____