

V. Justification for appointment & impact if not approved: _____

VI. Appointee information: (if already known)

Name: _____

Current UH Employment Information (required if overload appointment):

Campus: _____ Position: _____

Pay Range/Step: _____ FTE: _____ Type of Appt: 9 mos. 11 mos.

Employee's Current Authorized Work Schedule: _____
(i.e. Mon – Fri. 7:45am – 4: 30pm)

Overload Formula (maximum): $\frac{H/8}{WDM} \times M9 =$ _____

H = number of hours required
WDM = workdays in the month
M9 = 1/9 annual salary

VII. Approval of Appointment:

REQUESTOR:

Signature Date

RECOMMEND/NOT RECOMMEND:

Supervisor/Dean/Director Date

Adequate funds are available to support this request.

FISCAL OFFICER:

RECOMMEND/NOT RECOMMEND:

Fiscal Officer Date

PERSONNEL OFFICER:

RECOMMEND/NOT RECOMMEND:

Personnel officer Date

APPROVE/DISAPPROVE:

SVP/Chancellor or Provost/Director of ETC Date