UW SYSTEM

Inter-Institutional Employment
Overload Request Form for Unclassified Employees

An Inter-Institutional overload occurs when an individual holding an appointment at one UW institution (Institution A) exceeds 100% employment by providing services to another UW institution (Institution B). Prior approval by both institutions is required for services that exceed $1,000 or services that are recurring. Institution B prepares the Inter-Institutional Employment Overload Request Form and forwards to Institution A to review. If both institutions approve, Institution B establishes a separate appointment with an appropriate position title and pays the employee on the UW Processing Center End-of-Month payroll.

For non-recurring services that are less than $1,000, Institution B establishes a separate appointment with an appropriate title and payrolls the employee directly on the UW Processing Center End-of-Month payroll. No overload approval is required.

PLEASE NOTE: If Institution B intends to transfer funds to Institution A as a part-of-load payment for the employee s services, an Inter-Institutional Agreement (IIA) should be processed using an Inter-Institutional Agreement (IIA) Form, ***not an Inter-Institutional Employment Overload Request Form.***

◆Employee Information:

Employee s Name: _____ Soc Sec #: _____

Institution A: _____ UDDS (Dept Code): _____ Total % Time: _____

Current Salary and Basis: _____ Current Title: _____

Current Salary and Basis: _____ Current Title: _____

◆Proposed Overload:

Institution B: _____ UDDS (Dept Code): _____

Proposed Title: _____ % Time (if applicable): _____

Description of Duties: _____

_____

_____

Duration of Overload Assignment: (Start Date) _____ (End Date) _____

Total Expected Payment for Overload Assignment: $_____

(NOTE: Federal cost principles do not permit charging more than 100% of an individual s base salary to federal awards and/or non-federal funds which are used as cost sharing on a federal award. The only exception to this restriction is where the arrangement has been specifically provided for in the award or approved in writing by the sponsoring agency.)

◆Previous Inter-Institutional Overload Payments From Institution B: *(Employee completes this section)*

List All Inter-Institutional Overloads Paid Beginning January 1 of Current Year (this includes December end-of-month payroll of previous calendar year): (Wis. Stats. 16.417(2) limits overloads to $12,000 paid in a calendar year from each state agency or UW System institution. Failure to count all overloads may result in an overpayment violating state law and may require the employee to forfeit earnings in excess of $12,000.)

I acknowledge the $12,000 overload limit from any UW institution:

Date: _____ Compensation: _____

Date: _____ Compensation: _____

Date: _____ Compensation: _____

_____

(Employee's signature of acknowledgement)

(Continued on reverse side)

◆**Overload Approval:** Institution B: _____ Date: _____

(Department Chair/Supervisor)

_____ Date: _____

(Dean/Director)

_____ Date: _____

(Vice Chancellor or Designee)

Institution A: _____ Date: _____

(Department Chair/Supervisor)

_____ Date: _____

(Dean/Director)

_____ Date: _____

(Vice Chancellor or Designee)

☞ (Return completed form to Institution B for payrolling.) ✉