

**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: \_\_\_\_\_