Oral Roberts University

PAYROLL EMPLOYEE COMPENSATION REQUEST FOR FACULTY TEACHING OVERLOAD

Employee Name: _____ Date: _____

Z Number: _____ Department: _____

Please complete load hours taught.

TOTAL FALL HRS.: _____ TOTAL SPRING HRS.:_____ TOTAL HRS.:_____
(FALL + SPRING)

OVERLOAD HOURS: _____@ _____

FALL COMPENSATION: _____ HAS FALL COMP BEEN PAID ___ YES ___ NO
(Answer in Spring ONLY)

SPRING COMPENSATION: _____

COMPENSATION TO BE PAID: _____

DEPARTMENT OR COLLEGE REQUESTING OVERLOAD:

ACCOUNT TO BE CHARGED:

Fund: _____ ORG: _____ Account: _____ Program: _____

_____
Department or College Name   Date

_____
Chair   Date

_____
Dean   Date

HOME DEPARTMENT OR COLLEGE:

_____
Department or College Name   Date

_____
Chair   Date

_____
Dean   Date

_____
Provost   Date

_____
Budget   Date

Rev. 6/16/2014