



Overload Compensation Request Form
(for faculty members charging to sponsored research programs)

A. FACULTY MEMBER INFORMATION

Faculty Member, College/School, Location, Phone, Request Date, Department, E-Mail, Fax

B. PROPOSAL/PROJECT INFORMATION

Title of Proposal, Sponsor, Funding Agency, Project Period, Proposal No., Account No.

C. PROJECT DESCRIPTION (be specific; attach additional sheet if necessary)

Blank space for project description

D. PERSONNEL EFFORT and COMPENSATION

Table with columns for Academic Year Commitment and Summer Commitment (9-month Employees Only). Includes sub-headers for effort, salary, and release time.

E. OVERLOAD COMPENSATION DESCRIPTION

Describe how the work to be performed is outside of your regular departmental workload. Describe how the overload compensation will be for work either across departmental lines or involving a separate or remote location. Additional Comments

F. CERTIFICATION OF COMPLIANCE WITH UNIVERSITY POLICY/PROCEDURES

I certify that the services to be performed are in addition to the normal workload duties and responsibilities. I have read and will comply with the Policy for Extra Compensation of Employees Supported by Sponsored Research Programs pertaining to Overload Compensation.

Signature of Faculty Member, Date, Chairperson's Signature, Date, Principal Investigator's Signature, Date, Dean's Signature, Date

G. COMPLIANCE WITH A-21 AND SPONSOR GUIDELINES

The A-21 requirements for receiving extra compensation on this project have been satisfied. I approve submitting the request to the sponsor for approval. Contracts and Grants Designated Representative, Vice President for Research, Sponsor Authorization Requested, Sponsor Authorization Received

Forward the original completed and signed PPF and OCRF forms and proposal to the Contracts and Grants Office. Retain a copy for your records.

CONTRACTS AND GRANTS WILL FORWARD A COPY OF THE UD APPROVED/DENIED REQUEST TO THE DEPARTMENT CHAIR.

If sponsor approval is requested and received, the Contracts and Grants Office will send copies of the OCRF, indicating sponsor authorization or denial, to the requestor, the requestor's Department Chair, RI Controller's Office/RI Payroll Office, and Human Resources. To receive overload payment,

the Department Chair is responsible for completing and submitting a Personnel Action Form (PAF) to Human Resources. The requestor must submit a timecard to the Department Chair for approval, and forward to the RI Controller's Office/RI Payroll Office by the payroll deadline for the previous payroll period.

*October 2008*