The George Washington University
Request for Supplemental Compensation for Faculty

Name: _____ SSN: _____

Home Department Title: _____ Position Title/Rank _____

is entitled to additional compensation for services provided on an overload basis as follows:

Description of Services	Specific Dates	Number of Days (to nearest half day)

Calculation of Payment

1. This payment is authorized on the basis of services furnished by the payee on an overload basis; the daily rate does not exceed the payee's academic salary of $_____ divided by 156 or fiscal year salary of $_____ divided by 209.

2. Other _____

Charge to: * _____ / _____ / _____ OR _____ / _____ / _____
Banner Index Account Position Number Project Task Award

*If the Charge Department is an "R" Fund: "C" Fund Home Department: _____ / _____
Title Banner Index

3. Amount to be paid: _____

Authorizing Signatures

Project Director: _____ Date: _____

Chairman: _____ Date: _____

Dean: _____ Date: _____

Budget Office: _____ Date: _____

Sponsored Research: _____ Date: _____

Vice Pres., Acad. Affairs: _____ Date: _____

WHITE – Faculty Employment CANARY – Payroll PINK – Department GOLDENROD – Budget

52216 (2/02)