

**UW SYSTEM**  
**Inter-Institutional Employment**  
**Overload Request Form for Faculty/Academic Staff/Limited Appointee 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 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 payroll. No overload approval is required, but the institution should contact the home institution so they are aware of the work being performed.*

**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 InterInstitutional Employment Overload Request Form.**

**EMPLOYEE INFORMATION**

Employee's Name: \_\_\_\_\_  
Employee's ID #: \_\_\_\_\_  
Institution A: \_\_\_\_\_  
Department ID: \_\_\_\_\_  
% Time: \_\_\_\_\_  
Current Salary and Basis: \_\_\_\_\_  
Current Title: \_\_\_\_\_

**PROPOSED OVERLOAD:**

Institution B (Overload Institution): \_\_\_\_\_  
Department ID: \_\_\_\_\_  
Proposed Title: \_\_\_\_\_  
% Time (if applicable): \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Duration of Overload Assignment: \_\_\_\_\_ - \_\_\_\_\_  
Total Expected Overload Payment: \$ \_\_\_\_\_

*(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 PAYMENT FROM INSTITUTION B:**

*Employee completes this section.*

*List All Inter-Institutional Overloads Paid Beginning July 1 of Current Fiscal Year: Overload compensation may not exceed the higher of 20 percent of the employee's base appointment salary or \$18,000, unless the Provost of each institution determines good cause exists to exceed this threshold and issues an exception.*

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**OVERLOAD APPROVAL**

**INSTITUTION B:**

_____ Department Chair/Supervisor	_____ Date
_____ Dean/Director	_____ Date
_____ Vice Chancellor or Designee	_____ Date

**INSTITUTION A:**

_____ Department Chair/Supervisor	_____ Date
_____ Dean/Director	_____ Date
_____ Vice Chancellor or Designee	_____ Date

**CONTACT INFORMATION**

**Institution A Contact:**

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Email: \_\_\_\_\_

**Institution B Contact:**

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Email: \_\_\_\_\_

*Please scan and e-mail the completed form to Institution B for payroll.*