AUTHORIZATION TO OFFER A SALARY OVERRIDE

A Revised Yearlong Workload form must accompany this form for CUE overload payments.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Name** | Click here to enter text. | **Employee Title**  **(Regular CSU position)** | | Click here to enter text. | |
| **Position Number** |  |
| **Employee UID** | Click here to enter text. | **Employee Department** | | Click here to enter text. | |
| **Annual Salary** | Click here to enter text. | **Override Amount** | | Click here to enter text. | |
| **Date of Assignment** (i.e., from August 16, 2018 to May 15, 2018; **NOTE:** Fall 2018 is not a date)  From Click here to enter text. To Click here to enter text. | | | | | |
| **DESCRIPTION OF ASSIGNMENT** (i.e., Exceeds yearlong workload by 4 cues)  (If teaching is the assignment, indicate CRN and meeting hours.)  Click here to enter text. | | | | | |
| **PAYMENT DETAILS**  Please place the individual designated above on a monthly salary override of $\_Click here to enter text. or on  a One-time Payment of Click here to enter text. from Click here to enter text. to Click here to enter text.  (Please note that a One-time Payment is only made at the end of the assignment.)  The cost of this Override is to be **charged** to the area where work is performed which is **Account Org:**  Click here to enter text. **Account/Grant Title** Click here to enter text. **Fiscal Officer***.*Click here to enter text. | | | | | |
| This section is used to track **OTHER**Overrides submitted for this Fiscal Year – July 1, 20\_\_\_\_\_ – June 30, 20\_\_\_\_\_. | | | | | |
| **Assignment Date(s)** | **Activity for Override** | **Payment Fund/Org.** | **Amount Paid** | | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
|  |  |  |  | | |
|  |  | **Total Overrides**  **(Include current Override amt.)** | **$** Click here to enter text. | | |
| **FUNDING SOURCE Fund** Click here to enter text. **Org Code** Click here to enter text.  **Fiscal Officer Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **% Total** | Click here to enter text. |
| ***% Total paid is total overrides paid for year divided by annual salary*** | |
| **APPROVALS** | | | | | |
| **Chairperson/Supervisor** |  | | | Date | |
| **Dean/Director** |  | | | Date | |
| **Sponsored Programs** |  | | | Date | |
| **Vice President/Provost** |  | | | Date | |
| **Budget Office** |  | | | Date | |
| **President** |  | | | Date | |