

PURDUE UNIVERSITY
FORT WAYNE CAMPUS
Employment Certification - Extra Duty

CE Overload (EXEC MEMO C-18) Non CE Overload (EXEC MEMO C-40) Extra Duty Other (Specify) _____

(1) Name _____ (2) PUID No. _____
Last First Middle

PROPOSED STATUS - EXTRA DUTY APPOINTMENT

(3) Description of Duties [Course number, Day(s), Time, etc.] _____

(4) Minimum enrollment required _____

(5) Effective Date _____ (6) Ending Date _____
Month Day Year Month Day Year

(7) Project Name _____ (8) Funding Source: _____

(9) Sponsoring Dept. _____ (10) Dept. Incentive _____%

(11) Total Payment _____

If the indicated minimum number of enrollments does not materialize the course will not be offered and the University will have no financial obligation to you. In the event that it is impossible for you to teach the entire course, your compensation will be adjusted proportionally.

FY/AY Salary _____ This OL Payment _____% Total OL Payment this Fiscal Year _____%
Total overload payments per fiscal year may not exceed 20% of FY/ 25% of AY salary.

(12) Employee Consent:
I have read and agree with the provisions stated above.

Employee signature _____ Date _____
Month Day Year

(13) Requested Approval:

If overload assignment, I certify that all established policies stipulated in Exec. Memo C-18 or C-40 are being followed or I have attached a letter describing any variance from standard policy.

_____ Date _____
Requested: Overload/Extra Duty Department Head Month Day Year

(14) Home Department Recommended Approval:

If overload assignment, I certify that the individual named above will be carrying a full load on the campus for the period involved and that it constitutes extra duty employment for which compensation is to be paid.

_____ Date _____
Recommended: Home Department Head Month Day Year

(15) Approval:

_____ Date _____
Dean Home School Month Day Year

_____ Date _____
Vice Chancellor for Academic Affairs or Designee Month Day Year

_____ Date _____
Vice Chancellor for Financial Affairs or Designee Month Day Year