***Instructions:*** This form is used to request payment of activities for full-time EHRA employees and Post-Doc employees that are non-permanent in nature and are outside the normal scope of duties and responsibilities. The requesting department must initiate this form and secure appropriate administrative signatures **prior** to the **start** of the activity. Submit signed form to the EHRA-HR Office or Office of Postdoctoral Affairs, as applicable, for review and approval. The request, when approved, will be returned to the department, and should be attached to the ePAR in ConnectCarolina.

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| **EMPLOYEE INFORMATION** |
| **Employee Name:** |       | **PID:** |       |
| **Job Title/Rank:** |       | **Service Period:** | [ ]  12-month [ ]  9-month |
| **Base Department Name\*:** |       | **Base Dept. #:** |       |
| **Requesting Department Name\*:** |       | **Requesting Dept. #:** |       |
| **Base Salary:** | $      | **Overload Amount:** | $      |

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| **FTE:** |       | **# of payments to complete overload amount (up to 4):** |       |
| **Activity Start Date:** |       | **Expected End Date:** |       |

*\* If base department and requesting department are the same, please complete supplemental justification below.*

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|  **TYPE OF ACTIVITY (Please select one option below.)** |
| [ ]  | Teaching a course that is exceptional to normal teaching load |
| [ ]  | Assignment to a special project |
| [ ]  | Additional duties not expected or associated with the position |
| [ ]  | Other (please explain):       |

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|  **PURPOSE OF ACTIVITY** |
| **Describe the duties and responsibilities that justify payment:**      |
| **Explain how/why these duties are outside the scope of the employee’s regularly assigned job duties:**      |
| **SUPPLEMENTAL JUSTIFICATION (IF APPLICABLE): Please explain why these tasks are not being assigned as part of the employee’s normal responsibilities, why these responsibilities cannot be assigned to another person, and how the employee will make up time spent performing the overload duties.**      |

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| **DEPARTMENT APPROVALS** |

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| **REQUESTING DEPARTMENT**  |
|       |  |  |  |       |  |       |
| Department Head Print Name |  | Department Head Signature |  | Title |  | Date |

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| **HOME/BASE DEPARTMENT**  |
|       |  |  |  |       |  |       |
| Department Head Print Name |  | Department Head Signature |  | Title |  | Date |

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| **HOME/BASE DEPARTMENT HR OFFICER CERTIFICATION** |
|       |  |  |  |       |  |       |
| HR Officer Print Name |  | HR Officer Signature  |  | Title |  | Date |

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| **CENTRAL OFFICE APPROVALS - – *Only one central office approval is required, based on the employee’s primary job type.*** |

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| **EHRA-OHR Office Approver (Mail to: EHRACompRequests@unc.edu)**  |
|        |  |  |  |       |  |       |
| EHRA-HR Approver Print Name |  | EHRA-HR Approver Signature |  | Title |  | Date |

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| **OFFICE OF POSTDOCTORAL AFFAIRS–POSTDOC EMPLOYEES (Mail to: opahr@unc.edu)** |
|       |  |  |  |       |  |       |
| OPA Approver Print Name |  | OPA Approver Signature |  | Title |  | Date |

**Please return this form to:**

**Name:**

**Department:**

**Email:**