

PREPARED BY:		FACULTY OVERLOAD/ADJUNCT PAYROLL						PAY PERIOD:	
DATE PREPARED:		DEPT/DIV:					STARTING		
PAGE:		OF		ACADEMIC TERM:			ENDING:		
		INDICATE IF THIS IS AN AMEUREMENT TO AN EXISTING PAYROLL			YES	NO			

Full-Time Faculty Overloads

LAST NAME	FIRST NAME	EMPLOYEE ID #	ACCOUNT #	COURSE NUMBER	SYNC #	CREDIT HOURS	ENROLLED	TOTAL PAY	NOTES

Adjunct Stipends

Other Stipends (Includes Chair Stipend)

NOTES:

		OBJECT CODES:							
		OVERLOAD: 61130 (all terms)					OVERLOAD		
		ADJUNCT: 61120 (all terms)					ADJUNCT		
							OTHER		
							TOTAL		