Office of the Vice President for Research

Overload Compensation Request Form
(for faculty members charging to sponsored research programs)

A. FACULTY MEMBER INFORMATION

Faculty Member
College/School
Location
Phone
Request Date
Department
E-Mail
Fax

B. PROPOSAL/PROJECT INFORMATION

Title of Proposal
Sponsor
Funding Agency
Project Period
Proposal No.
Account No.

C. PROJECT DESCRIPTION (be specific; attach additional sheet if necessary)

D. PERSONNEL EFFORT and COMPENSATION

<table>
<thead>
<tr>
<th>Academic Year Commitment</th>
<th>Summer Commitment (9-month Employees Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a 9- or 12-month appointment?</td>
<td></td>
</tr>
<tr>
<td>% of salary paid by grant</td>
<td></td>
</tr>
<tr>
<td>% effort committed to this Project</td>
<td></td>
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<tr>
<td>% effort committed to other projects during project period</td>
<td></td>
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<tr>
<td>Have you requested release time for work on this project? Explain under Additional Comments Section.</td>
<td></td>
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<tr>
<td>Total # months of funding requested per year in this project</td>
<td></td>
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<tr>
<td>Total # months committed yearly to other projects during project period</td>
<td></td>
</tr>
<tr>
<td>Academic FTE (Research Payroll use only)</td>
<td></td>
</tr>
</tbody>
</table>

E. OVERLOAD COMPENSATION DESCRIPTION

Describe how the work to be performed is outside of your regular departmental workload.

Describe how the overload compensation will be for work either across departmental lines or involving a separate or remote location.

Additional Comments

F. CERTIFICATION OF COMPLIANCE WITH UNIVERSITY POLICY/PROCEDURES

I certify that the services to be performed are in addition to the normal workload duties and responsibilities. I have read and will comply with the Policy for Extra Compensation of Employees Supported by Sponsored Research Programs pertaining to Overload Compensation. The information provided is true, complete, and provides an accurate representation of this project. Total overload compensation will not exceed 8 hours additional work per week (20%) during period of academic appointment, and this work will not conflict with regular University duties and assignments.

Signature of Faculty Member requesting overload compensation
Date
Chairperson’s Signature
Date
Principal Investigator’s Signature
(if different than faculty member)
Date
Dean’s Signature
Date

G. COMPLIANCE WITH A-21 AND SPONSOR GUIDELINES

The A-21 requirements for receiving extra compensation on this project have been satisfied. I approve submitting the request to the sponsor for approval.

Contracts and Grants Designated Representative
Date
Vice President for Research
Date

Sponsor Authorization Requested
Date
Sponsor Authorization Received
Date

Forward the original completed and signed PPF and OCRF forms and proposal to the Contracts and Grants Office. Retain a copy for your records.

CONTRACTS AND GRANTS WILL FORWARD A COPY OF THE UD APPROVED/DENIED REQUEST TO THE DEPARTMENT CHAIR.

If sponsor approval is requested and received, the Contracts and Grants Office will send copies of the OCRF, indicating sponsor authorization or denial, to the requestor, the requestor’s Department Chair, RI Controller’s Office/RI Payroll Office, and Human Resources. To receive overload payment,
If sponsor approval is requested and received, the Contracts and Grants Office will send copies of the OCRF, indicating sponsor authorization or denial, to the requestor, the requestor's Department Chair, RI Controller's Office/RI Payroll Office, and Human Resources. To receive overload payment, the Department Chair is responsible for completing and submitting a Personnel Action Form (PAF) to Human Resources. The requestor must submit a timesheet to the Department Chair for approval, and forward to the RI Controller's Office/RI Payroll Office by the payroll deadline for the previous payroll period.