

V. **Justification for appointment & impact if not approved:**

VI. **Appointee Information: (if already known)**

Name: _____

Current UH Employment Information (required if overload appointment):

Campus: _____ Position: _____

Pay Range/Step: _____ FTE: _____ Type of Appt. 9 mos. 11 mos.

Employee's Current Authorized Work Schedule: _____
(i.e., Mon-Fri. 7:45 a.m.-4:30 p.m.)

Overload Formula (maximum): $\frac{H}{8} \times M9 =$ _____
WDM

H = number of hours required
WDM = workdays in the month
M9 = 1/9 annual salary

VII. **Approval of Appointment:**

REQUESTOR:

Signature Date

RECOMMEND / NOT RECOMMEND:

Vice Chancellor/Dean/Director Date

APPOINTEE'S VC / DEAN / DIR:
(For Overload Only)

APPROVE / DISAPPROVE:

Vice Chancellor / Dean / Director Date

Adequate funds are available to support this request.

FISCAL OFFICER:

RECOMMEND / NOT RECOMMEND:

Fiscal Officer Date

PERSONNEL OFFICER:

RECOMMEND / NOT RECOMMEND:

Personnel Officer Date

APPROVE / DISAPPROVE:

Chancellor Date

VC Admin Affairs Date