

PREPARED BY:		FACULTY OVERLOAD/ADJUNCT PAYROLL						PAY PERIOD:	
DATE PREPARED:		DEPT/DIV:					STARTING		
PAGE:	OF	ACADEMIC TERM:					ENDING:		
		<input type="checkbox"/> <i>INDICATE IF THIS IS AN AMENDMENT TO AN EXISTING PAYROLL</i>			YES	NO			

Full-Time Faculty Overloads

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

Adjunct Stipends

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Other Stipends (Includes Chair Stipend)

NOTES:

OBJECT CODES:

OVERLOAD: 61130 (all terms)

ADJUNCT: 61120 (all terms)

OVERLOAD

ADJUNCT

OTHER

TOTAL