EOU
EASTERN OREGON
UNIVERSITY

Request for Overload Payment

Date _____   **Name** _____

Title _____   **Teaching** __ **Administrative Professional** __

ID# _____   **School/Admin. Dept**. _____

Begin Date: _____   **End Date:** _____

Total Payment: $ _____   Work Location

Index Code: _____   _____ %   City:
Index Code: _____   _____ %
Index Code: _____   _____ %   State:

Assignment (Required): _____
_____
_____
_____

APPROVED:

_____   _____
Authorized Account Representative   Date

_____   _____
President/Vice President   Date

PLEASE FORWARD TO BUDGET OFFICE.

```
┌──────────────────────────────────────────────────────────┐
│ Office use only:                                           │
│                                                            │
│ Date received in Budget: _____   Completed: _____ │
│ Date forwarded to Payroll: _____                    │
│                                                            │
│ Earn Code: OVX          Job End Date: _____       │
└──────────────────────────────────────────────────────────┘
```
FTE: _____