



UNIVERSITY OF WISCONSIN  
**WHITEWATER**

## Overload Memo for 12 Month Employees

Date: \_\_\_\_\_

Employee Receiving Overload: \_\_\_\_\_

Employee's Supervisor: \_\_\_\_\_

Please describe the additional duties or workshop:

If the overload is for instruction of a credit course, please indicate the instructor's highest degree and discipline or sub-discipline.

Please describe the arrangements being made to accommodate the additional duties or workshop:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach this memo electronically to the Change of Status Request.