PREPARED BY:		**FACULTY OVERLOAD/ADJUNCT PAYROLL**					**Course Dates:**		
DATE PREPARED:		**DEPT/DIV:**					**STARTING**		
PAGE:	OF 1	**ACADEMIC TERM: (indicate full or half)**					**ENDING:**		
		INDICATE IF THIS IS AN AMENDEMENT TO AN EXISTING PAYROLL ○ *YES* ○ *NO*							
Full-Time Faculy Overloads									
LAST NAME	**FIRST NAME**	**EMPLOYEE ID #**	**ACCOUNT #**	**COURSE NUMBER**	**SYNC #**	**CREDIT HOURS**	**ENROLLED**	**TOTAL PAY**	**NOTES**
Adjunct Stipends									
Other Stipends (Includes Chair Stipend)									
NOTES:			**OBJECT CODES:**						
			OVERLOAD: 61130 (all terms)				**OVERLOAD**	$0.00	
			ADJUNCT: 61120 (all terms)				**ADJUNCT**	$0.00	
							OTHER	$0.00	
							TOTAL	$0.00	