

**UNIVERSITY OF VIRGINIA  
FACULTY INTERNAL OVERLOAD AUTHORIZATION**

DATE OF REQUEST: DD/MM/YY:

NAME OF FACULTY MEMBER:

TITLE OF FACULTY MEMBER:

UVA COMPUTING ID:

SCHOOL OR UNIT:

DESCRIPTION OF ACTIVITY:

PERIOD OF ASSIGNED DUTIES: to

PROPOSED HOURS:

NUMBER OF CONSULTING DAYS:

TOTAL COMPENSATION: \$

ACCOUNT CODE TO BE CHARGED: P T A O

**This activity is:**

- *to be performed for compensation in addition to regularly assigned full-time duties;*
- *in accordance with the agreement reached between the two parties;*
- *recommended to the dean for approval; and*
- ***not*** *of a duration of a semester or more in length.*

**The total commitment of time to consulting activities, including this internal overload assignment, must be in accordance with the provost's policy, [HRM-45: Faculty External Consulting and Internal Overload](#).**

SIGNATURE of FACULTY MEMBER DATE

SIGNATURE of FACULTY MEMBER'S DEPARTMENT CHAIR DATE

SIGNATURE of FACULTY MEMBER'S DEAN or DESIGNEE DATE

SIGNATURE of DEAN or DESIGNEE DATE  
(SCHOOL/UNIT OF OVERLOAD ASSIGNMENT)

**Retain a copy in faculty member's personnel record and submit to:**

Associate Vice Provost for Administration and Policy Development, PO BOX 400308

CC: [Associate Dean for Finance/Management]