*Please read this form carefully before signing and submitting. If you have questions about a faculty member’s eligibility, please contact* [*vpfa@virginia.edu*](mailto:vpfa@virginia.edu) *for pre-approval. The information contained herein is provided as guidance. Before filling out and signing this form, all parties should read* [HRM-045: Faculty External Consulting and Internal Overload](https://uvapolicy.virginia.edu/policy/HRM-045).

**Eligibility.** Faculty are eligible to earn internal overload compensation only when:

* an intended task or responsibility is clearly **outside the normal responsibilities of the faculty member** as determined by the appropriate school dean,
* the conduct of the task is clearly **in the best interest of the University**, and
* the faculty member is **eminently qualified** to undertake the task.

*Projects or responsibilities occupying an identifiable amount of time over the duration of a semester or more should be arranged on a release-time basis. Faculty members taking on an administrative appointment should not be compensated via internal overload; instead, they may be eligible for an administrative supplement in alignment with their school and university practice.*  *Given their broad institutional duties and responsibilities, deans and other senior administrators typically are not eligible for internal overload payments.*

**Limits.** Faculty members are subject to two types of limits related to internal overload, one in relation to time and the other in relation to compensation.

Time: Faculty members are allowed up to 52 days per fiscal year (July 1 to June 30) for both external consulting and internal overload; this is pro-rated for faculty members paid on non-12-month bases. Thus, faculty members who are paid on a nine-month basis are allowed up to 39 internal or external consulting days over the course of the academic year. In the rare circumstances where internal overload involves teaching, each credit taught requires the use of 5 consulting days.

Compensation: Faculty members may not receive more than 33% of their base salary in a fiscal year as *internal* overload compensation. Any overload payment for credit teaching (approved only in rare circumstances) must be tied to the faculty member’s effort and average daily rate (ADR).

*ADR is an individual’s institutional base salary (as defined in* [*FIN-053*](https://uvapolicy.virginia.edu/policy/FIN-053)*) divided by the number of days worked over the course of a year assuming a five-day work week, which is 260 for 12-month faculty or 195 for 9-month faculty.*

**Faculty members who reach one of these limits may not engage in additional Consulting (external or internal) for the rest of the fiscal year.**

**Process**

1. Establish that the individual undertaking the activity is eligible to receive overload and that the activity is in compliance with the approved circumstances for internal overload via [HRM-045: Faculty External Consulting and Internal Overload](https://uvapolicy.virginia.edu/policy/HRM-045). *If there is any question as to whether or not overload is appropriate, email* [*vpfa@virginia.edu*](mailto:vpfa@virginia.edu) *or consult with an HR Business Partner to ask for guidance.*
2. Complete this recommendation and authorization form, which includes obtaining all signatures **prior to the period of activity**.
3. Copies of the completed authorization should be provided to the supervisor of the faculty member’s primary assignment, the supervisor of the overload assignment, and the faculty member themselves.
4. Enter this as period activity pay into Workday and add the completed form as an attachment. The Workday job aid for this action is posted here: <https://virginia.box.com/s/ms5uk052lhqunm97iboqado2rzx5qsnn>.

1. FACULTY MEMBER UNDERTAKING THE OVERLOAD ASSIGNMENT

|  |  |  |
| --- | --- | --- |
| Name: | Click or tap here to enter text. | |
| UVA Computing ID: | Click or tap here to enter text. | |
| Has this individual previously received internal overload compensation during this fiscal year? | | Y  N |

2. PROPOSED OVERLOAD ASSIGNMENT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School/Unit: | Click or tap here to enter text. | | | | | |
| Department/Unit: | Click or tap here to enter text. | | | | | |
| Description of Proposed Activity or Responsibility: | *This description should contain enough information to assess the potential eligibility of this activity for internal overload compensation. As such, it must substantiate that the activity is short term in duration, outside the normal responsibilities of the faculty member designated above, and that the performance of said activity is in the best interest of the University. Attach additional documentation or notes as needed.* | | | | | |
| Click or tap here to enter text. | | | | | |
| Date(s) of proposed activity *mm/dd/yyyy*: | | | No. of Consulting Days: | | | |
| Click or tap to enter a date. | | Click or tap to enter a date. |  | | Click or tap here to enter text. |  |
| *Start* | | *End* |  | | | |
|  | | | | | | |
| Proposed Compensation: | | $Click or tap here to enter text. | | ***Note:*** *This should be the total compensation for the activity described. If this compensation will be split in any way, please add additional notes as appropriate.* | | |
| Account Code (PTAO) | | Click or tap here to enter text. | | | | |

3. SIGNATURES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Faculty Member | | *By signing this form, the faculty member is certifying that they have not exceeded any of the consulting limits as identified in HRM-045, and that all information provided herein is accurate to the best of their knowledge.* | | |
| Signature: |  | | Date: |  |
| Dean (of overload assignment) | | *By signing this form, the dean of the unit of overload assignment is recommending the internal overload compensation as described herein and is certifying that the proposed activity and compensation described above is accurate and complete to the best of their knowledge.* | | |
| Signature: |  | | Date: |  |
| Dean (school of employment) | | *By signing this form, the dean of the primary school of employment is certifying that they believe the activities described above are outside the normal responsibilities of the identified faculty member, and that they believe that this instance of internal overload compensation, as described herein, is allowable under HRM-045.* | | |
| Signature |  | | Date: |  |