PREPARED BY:			**FACULTY OVERLOAD/ADJUNCT PAYROLL**					**PAY PERIOD:**	
DATE PREPARED:			**DEPT/DIV:**				**STARTING**		
PAGE:	OF		**ACADEMIC TERM:**				**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)

ADJUNCT: 61120 (all terms)

OVERLOAD

ADJUNCT

OTHER

TOTAL