

V. Justification for appointment & impact if not approved: (Attach a separate sheet if needed)

VII. Appointee Information: (if already known)

Name: _____

Current UH Employment Information (required if overload appointment):

Campus: _____ Position: _____

Pay Range/Step: _____ FTE: _____ Type of Appt: 9 mos. 11 mos

Employee's Current Authorized Work Schedule: _____
(i.e. Mon – Fri. 7:45 am – 4:30 pm)

Overload Formula (maximum): $\frac{H/8}{WDM} \times M9 =$ _____
H = number of hours required
WDM = workdays in the month
M9 = 1/9 annual salary

VII. Approval of Appointment:

REQUESTOR:

Requestor's Signature Date

RECOMMEND/NOT RECOMMEND:

Supervisor/Dean/Vice Chancellor/Director's Signature Date

Adequate funds are available to support this request.

PRINCIPAL OFFICER:

Principal Investigator's Signature Date

RECOMMEND/NOT RECOMMEND:

HUMAN RESOURCES OFFICER:

Human Resources Officer's Signature (Susan Tokunaga) Date

APPROVE/DISAPPROVE:

FISCAL OFFICER(S):

Fiscal Officer's Signature (Cindy Yamamoto) Date

APPROVE/DISAPPROVE:

OEP Fiscal Officer's Signature Date