INTER-DEPARTMENTAL OVERBASE APPROVAL FORM

Purpose of Form: This Form is to be used in place of a compensation voucher when an employee will be receiving more than one consecutive payment for work performed in another Unit/Department.

This Form will authorize the Home-Base Unit/Department of an employee to start, stop or change an overbase payment to one of their employees. It is to be completed and approved by the Unit/Department where the work is being performed and forwarded to the employee's Home-Base Unit-Department for entry onto the Turnaround Form. A copy of this Form should be attached to the Turnaround when the Turnaround is submitted for the Overbase payments.

UNIVERSITY ID	NAME (LAST NAME-COMMA-DOUBLE SPACE-FIRST NAME- SPACE-MIDDLE INITIAL)	EFFECTIVE DATE
0 U		

OVERBASE SALARY

FOR	FUND	UNIT	DEPT	OBJECT	SOURCE	AMOUNT PER PAY PERIO	START DATE	STOP DATE
BENEFIT	0	0		0				
BASED	0	0		0				
PAY	0	0		0				
ONLY	0	0		0				
→	0	0		0				

COMMENTS

DEPARTMENT SIGNATURE	UNIT SIGNATURE	PROVOST/VICE PRESIDENT SIGNATURE
DATE	DATE	DATE

6/99 MK