Financial Affairs - FWC Form #57 (08/2007)

Originator	
Date Initiated	

PURDUE UNIVERSITY FORT WAYNE CAMPUS

Employment Certification - Extra Duty

	CE Overload MEMO C-40)	Extra Duty	Othe	(Specify)			
(1)NameLast	First	Middle		(2) P	UID No.		
Lasi	FIISI	Middle					
(3) Description of Duties	PROPOSED [Course number,			DUTY APPO	OINTME	ENT	
(4) Minimum enrollment	required						
(5) Effective Date	Day	Year	(6) End	ling Date		Day	Year
(7) Project Name	•					,	
(9) Sponsoring Dept							
(11) Total Payment If the indicated minimum numbe you. In the event that it is impo						•	financial obligation
FY/AY Salary Total overload payments per fisc					nt this Fi	scal Year _	%
(12) Employee Consent: I have read and agre	e with the provision	ons stated abo	ove.				
Employee signature				Date _	Month	Day	Year
(13) Requested Approva If <u>overload assignment,</u> I have attached a letter de	certify that all est				emo C-18	3 or C-40 ar	e being followed
				Date			
Requested: Overload/Extra Duty	/ Department Head				Month	Day	Year
14) Home Department R f <u>overload assignment,</u> I nvolved and that it consti	certify that the ind	ividual named	d above w r which co	mpensation is t	full load to be paid	on the cam _l l.	pus for the perio
Recommended: Home Departm	ent Head			Date	Month	Day	Year
15) Approval:							
				Date			
Dean Home School					Month	Day	Year
Vice Chancellor for Academic A	ffairs or Designee			Date	Month	Day	Year
				Date			
Vice Chancellor for Financial Af	fairs or Designee				Month	Day	Year