



The Graduate School

## Employment Overload Request Policy

An Overload Request is done when a department wishes to increase the number of hours a student is working. Overloads are reserved for U.S. citizens or Permanent Residents only. **INTERNATIONAL STUDENTS ARE NEVER ALLOWED TO HOLD OVERLOADS.** This is due to their visa status and their allowable tax limit.

Requests are always addressed to Dr. Markus Kemmelmeier, Dean of the Graduate School, and come from the student's academic advisor.

Overloads should be submitted on department letterhead with all necessary signatures.

### An Overload can be done as one of the following:

- LOA \*
- Casual Labor \*
- Student Worker \*\*
- Additional 10-hour Assistantship \*\*

\* When a student accepts an overload as either a LOA or Casual Labor overload, FICA is taken from their pay due to loss of student exemption.

\*\* When a student accepts an overload as a Student Worker or an additional 10-hour Assistantship, they **DO NOT** lose their student status, and FICA is **NOT** taken from their pay. Student Employment and Assistantships are the only job classes that student status is kept.

Student's granted Overloads are permitted to work up to 30 hours a week at a 75% FTE level.

All Overload Requests with more than one department as an employer must sign the overload request before it will be processed. This is to ensure that all departments and academic advisor are aware of the additional workload to which the student has agreed.

Please note: **Overload Requests are NOT Exception to Policy memos. Exception to Policy memos only deal with Academics. Overloads only deal with pay.**



The Graduate School

# SAMPLE Employment Overload Request

This form should be used when requesting to increase the number of hours a student is working.

Student Name: \_\_\_\_\_ NSHE ID: (Student ID Number from MyNevada) \_\_\_\_\_

Student Employee ID: (Student Employee ID from WorkDay) \_\_\_\_\_

From (department): (Department that is making the request) \_\_\_\_\_

Please provide a description of the overload request:

Please allow (student name) to work an additional ?-hour Graduate Teaching Assistantship for (class name) during the (semester and year). We understand that an additional ?-hour Graduate Teaching Assistantship accompanies this position. Should this request be approved, the FTE will be below 75% and the student will only work a maximum of 30 hours per week. We believe (student name) is highly deserving of an overload permission for numerous reasons (for example: GPA, work ethic, passionate about teaching, etc.). We are confident that the student can handle both positions with minimal to no conflicts between the two positions and it will not interfere with progress toward completing the degree requirements.

Contact Person: (Initiator of memo and who we can address questions to) \_\_\_\_\_

Full Name	Department	E-mail	Telephone
-----------	------------	--------	-----------

### Signatures of approval

Academic Advisor's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Job #1 - Department Supervisor's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Job #2 - Department Supervisor's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Job #3 - Department Supervisor's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Graduate School's Signature \_\_\_\_\_ Date \_\_\_\_\_

### For office use only

Comments: \_\_\_\_\_ Evaluator \_\_\_\_\_ Date \_\_\_\_\_



The Graduate School

# Employment Overload Request

This form should be used when requesting to increase the number of hours a student is working.

Student Name: \_\_\_\_\_ NSHE ID: \_\_\_\_\_

Student Employee ID: \_\_\_\_\_

From (department): \_\_\_\_\_

Please provide a description of the overload request:

Contact Person:

Full Name	Department	E-mail	Telephone
-----------	------------	--------	-----------

### Signatures of approval

Academic Advisor's Signature	Print Name	Date
------------------------------	------------	------

Job #1 - Department Supervisor's Signature	Print Name	Date
--	------------	------

Job #2 - Department Supervisor's Signature	Print Name	Date
--	------------	------

Job #3 - Department Supervisor's Signature	Print Name	Date
--	------------	------

Graduate School's Signature	Date
-----------------------------	------

### For office use only

Comments:	Evaluator	Date
-----------	-----------	------