

# NORTH CENTRAL STATE COLLEGE

## ***Request for Variance***

Emergency Overload Compensation for Full-Time and Part-Time Faculty

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Work to be performed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Period of time involved:** \_\_\_\_\_  
**(Include beginning and ending dates)** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Variance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount of Variance:** \$ \_\_\_\_\_

**Requested by:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Signature Director of Human Resources** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Signature Vice President** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Signature President** \_\_\_\_\_ **Date** \_\_\_\_\_