FACULTY OVERLOAD REQUEST FORM

TERM NEEDED: □ Summer 20___ □ Fall 20___ □ Winter 20 ____ □ Spring 20___
(CHECK ONE)

OVERLOAD REQUEST FOR: _____
(EMPLOYEE=S NAME)

EMPLOYEE GENERATED ID#: _____

CHARGE TO DEPARTMENT: _____ _____
Dept Name Dept Account No.

□ TEACHING TERM **(MUST COMPLETE BOTH SECTIONS BELOW)**

□ NON-TEACHING TERM **(COMPLETE OVERLOAD REQUEST SECTION ONLY)**

CURRENT ADMINISTRATIVE / TEACHING SCHEDULE

OVERLOAD REQUEST

COURSE NAME (TITLE & CLASS CODE)	CONTACT HOURS		COURSE NAME (TITLE & CLASS CODE)	CONTACT HOURS

THIS SCHEDULE MUST BE COMPLETED FOR THIS REQUEST TO BE PROCESSED.

PLEASE NOTE: TO BE ELIGIBLE FOR OVERLOAD PAY DURING THE CURRENT WORK TERM, THE FACULTY MEMBER MUST HAVE A TOTAL OF TWELVE (12) CONTACT HOURS (administrative or teaching) UNDER HIS/HER CURRENT SCHEDULE (as listed above).

CONTACT PERSON: _____ Extension: _____

SIGNATURES: Signatures of both the Department Head and Vice President for Academic Affairs & Provost are required on all requests.

_____ _____ _____ _____
Department Head Requesting Overload Date Vice President for Academic Affairs & Provost Date

_____ _____ _____ _____
Department Head where faculty member is assigned or the overload charged to. Date Human Resources Representative Date

0809