

Request for Teaching Overload

Banner #: _____ Name: _____ Title: _____

Semester Requested: _____ Date of Request: _____

College/School: _____ Dept/Unit Head/Chair: _____

Home Dept/Unit: _____ TKL# - Location ID: _____

Effective Date: _____ End Date: _____
(beginning of semester – 08/16 or 01/01) (end of semester 12/31/ or 5/15)

Position #: _____ FOP: _____ Earn Code: FOL
(Earn Code must be typed on EPAF)

Total Semester Salary \$ _____ Semi-monthly Rate \$ _____
(approved rate per course) (semester salary divided by 9)

Is this Faculty member Tenure Track? _____ If so, is he/she Tenured? _____

Faculty's classification and Rank _____

Does this faculty member meet the eligibility requirements for teaching overloads this unit? Yes _____

Course Title and Number: _____ Credit hours: _____

Does this course fulfill General Education Requirements? _____ Yes _____ No

Is this course required in the Core or Major? Yes Core _____ Yes Major _____ No _____

Justification for need: _____

I hereby agree to provide this overload course and certify that provision of this overload course will not adversely affect my normal fulltime responsibilities:

Faculty Signature Date

I certify that the above course is needed and must be offered as an overload. Moreover, I certify that faculty member is eligible under the Provost approved guidelines for this unit and that all Provost requirements for offering this course have been met and will be maintained.

Unit Head/Chair Date

Approvals:

College/School Dean Date

Provost's Office Date