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 __________________________________________________________________________________