

REQUEST FOR OVERLOAD

(Work beyond one s annual contractual obligation for which compensation is deferred.)

Name Department Academic Year

Course and Section Semester Enrollment* Course hours Workload Credit**

Justification for this overload
(Please be as specific as possible.)

Accumulated overload at the time of this request _____

Workload credit** for this overload _____

Accumulated overload if this request is approved _____

Signature of faculty member Date

Signature of department chairperson Date
(indicating departmental approval)

*List anticipated or actual enrollments. For tutorials, independent studies, or any supervision on an individual basis, including Graduate Center activities, and so forth, list the name and social security number of each student on the reverse side of this form.

**Workload hours or contact hours to be credited to the faculty member. If the class in question is a tutorial or independent study, this number will be less than the number of course hours.

This section is to be completed by the Divisional Dean.

- () I approve this overload as required.
- () I approve **only** the following overload:
- () I do **not** approve this overload.

Dean s Signature Date

Distribution of Copies: Original to be filed in dean s office. Copies to provost, department chair, faculty member.