

REQUEST FOR OVERLOAD

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

_____	_____	_____
Name	Department	Academic Year

_____	_____	_____	_____	_____
Course & Section Credit**	Semester	Enrollment*	Course Hours	Workload

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 _____
(indicating departmental approval) Date

*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 divisional dean.

- I approve this overload as requested.
- 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.