

# Request For Overload Compensation

Name \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

SSN \_\_\_\_\_

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Please list the courses that constitute your regular, full-time teaching load:

Course Designation	Title	Credit Hours
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the courses (or other assignments) that constitute your overload:

Course designation	Title	Credit Hours
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_____	_____	_____
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This overload will be paid at the regular rate of \$500.00 per credit hour unless otherwise noted.

Approvals: Dean of School \_\_\_\_\_ Date \_\_\_\_\_

This overload payment of \_\_\_\_\_ will be made in the following manner:

(Date or method of payment) \_\_\_\_\_

Vice President for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

This arrangement for payment for this overload is acceptable.

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_