



**Temporary Teaching Overload Compensation Request Form**

**Employee Information**

Date Submitted:		Banner ID:	
Employee's ID:		Employee's Position ID:	
Employee's First Name:		Employee's Last Name:	
Employee's Home Department:		Home Department ID:	
Employee's Home College/Unit:		Employee's Job Title:	
Pay Type:	Academic	Fiscal	

**Course Information**

**Teaching Assignments for the Year (if applicable):**

Fall (Year)				Spring (Year)			
Course ID	Credits	Enrollment	CRN	Course ID	Credits	Enrollment	CRN
Are any of these courses co-taught?			Yes	No	If yes, please explain below.		

**Overload Request**

Requesting Department Name:				Department ID:			
Course ID	Credits	Enrollment	CRN	Effective Start Date:			
				Effective End Date:			
Will overload course be co-taught?			Yes	No	If yes, please explain below.		
Computed Compensation:		USD Amount per Credit Hour:		Total Compensation:			
Source of compensation:		Combo Code:					

**Funding Information**

<b>Combo Code:</b>		<b>Please provide any additional information below.</b>			
Account	Fund Code	Department	Program Code	Class Field	Budget Reference
Business Unit	Project	Activity ID	Chartfield1	Operating Unit	Budget ID:

**List budgeted EFT for year:**

Instruction:	Research:	Service:	Administration:	Other:
<b>Please detail how each budgeted component of EFT will be met during the semester overload course is taught:</b>				

**Signatures & Approvals**

**Academic Year and Fiscal Year Contract Addendum for Temporary Teaching Overload Compensation Employee acceptance:**

I will perform the teaching overload work in addition to my normal workload for the compensation outlined above. I understand that this overload teaching assignment does not in any way relieve me of my obligation to fulfill my primary work assignment in full. I understand that the course must meet minimum enrollment requirements to be taught. I accept the contract amendment under the terms set forth.

Employee Signature:		Date Signed:	
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**Requesting Department Head & Dean statement:**

No other qualified faculty member is available to teach, as part of his/her budgeted teaching load, the course for which overload compensation is sought. We understand that the course must meet minimum enrollment requirements to be taught. This is a one-time request.

Requesting Department Head:		Date Signed:	
Requesting Dean:		Date Signed:	

**Approved by:**

Employee's Department Head:		Date Signed:	
Employee's Dean:		Date Signed:	
Faculty Member:		Date Signed:	
Sr. VP for Academic Affairs & Provost:		Date Signed:	
President:		Date Signed:	

**After obtaining all signatures:**

- ✓ The original form should be returned to the requesting department
- ✓ The requesting department should email the completed form to Human Resources