Name: _________________________________________  Today’s Date: _____________

Appointment Type (circle one):       AY Faculty     12-mo Faculty     12-mo Mgr/Prof

Dates of Proposed Overload: _____________________________________________________

Source of Funds:  _____ State  _____Grants  _____Other (describe)_____________________

% of Annual Academic Year Salary to be Paid by Overload: __________%
(NOTE: Board of Regents Policy states you can not exceed 20% of your base salary in one year.)

Total Overload Amount to be Paid: $ ______________

Description of overload assignment. Please justify why this assignment is not a part of your ‘normal’ workload.

If overload involves instruction, explain why such assignment cannot be performed as a part of faculty member’s regular course load assignment. If overload involves research (for 9/12 faculty), explain why such work cannot be performed during the summer and paid as a summer research appointment instead of as an overload during the academic year:

List all overloads received (if any) in the previous two years:

Do you anticipate the need for future overloads?  (If Yes, please explain)

________________________________ ____________________________________
Signature, Applicant        Date       Signature, Dept Chair                                   Date

________________________________
Signature, Dean                        Date

Faculty Overload Policy & Procedure

01/2005