



College of Arts and Sciences
OVERLOAD REQUEST FORM

Name: _____ Date: _____

Appointment Type: AY Faculty 12-mo Faculty 12-mo Mgr/Prof

Dates of Proposed Overload: _____

Source Source of Funds: State Grants Other (describe)

Are you requesting funds from the College to cover the cost of this overload? Yes No

% of Annual Academic Year Salary to be paid by Overload: _____ %
(NOTE: Board of Regents Policy states you cannot exceed 20% of your base salary in one year!)

Total Overload Amount to be Paid: \$ _____

Please describe the 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 appointment instead of as an overload during the academic year.

Please explain how you will continue to complete your 'normal' workload given the overload assignment.

What courses have you taught in the past three years and what is your normal teaching load?

Can this course be delayed until a future semester in order to be assigned in load?



Why can't you do this in load by shifting your courses/course load?

Why can't the department have other faculty pick this up in load and/or shift other faculty courses?

Is this a required course for the major?

What is the current enrollment for this course? If the enrollment period hasn't occurred, please list the average enrollments for the past three academic years.

Please list all overloads received (if any) in the previous two years.

Will this be an overload again in the future? (If yes, please explain)

Please attach a CV and syllabi for this course.

Signature, Applicant Date

Signature, Supervisor Date

Signature, Overload Department Chair Date

Signature, Dean Date