

TEACHING/NON-RESEARCH OVERLOAD AUTHORIZATION FORM

As possible, this form is to be initiated before overload employment is undertaken.
Use "comment" section to justify exceptions to time requirement.

IDENTIFICATION OF INDIVIDUAL TO RECEIVE OVERLOAD

Name: _____ SSN: _____

Title: _____ Department/Unit: _____

Employment Basis: _____ 9 mo. _____ 10 mo. _____ 12 mo. _____ Part-time _____ Other (Specify _____)

Overload compensation (teaching and research) per fiscal year (July 1 - June 30) is limited to 20% of an employee's annualized salary, excluding displacement.

TEACHING OVERLOAD AUTHORIZATION

1. **Academic Course Identification:** (e.g., ENGL 101, Section No. 003)

Quarter: _____ Subject: _____ No. _____ Sect. No. _____ Enrollment: _____

2. **Continuing Education Identification**

Course Name: _____ No. of Meetings: _____

Effective Dates: from _____ to _____ Location: _____

3. **One-time Compensation** (e.g., one-time lecture, consultation, and similar payments)

Description of Activity: _____

Effective Date: _____ Location: _____

4. **Displacement Allowance:** _____

PAYMENT

Account No. : _____ Effective Date(s): _____

Amount monthly _____ Amount one-time payment _____ Date first payment _____ Date last payment _____

Total Overload Compensation _____

Total Revised Annual Compensation* (to be completed by Personnel): _____

*add overload compensation to regular salary (excluding displacement)

List other teaching/administrative responsibilities documenting overload status of this activity. Attach workload form if desired:

Comments: _____

_____ Requested by		_____ Vice President	
_____ Department/Unit Head	_____ Date	_____ President	_____ Date
_____ Dean of the College	_____ Date	_____ Personnel Office	_____ Date
_____ Budget Officer	_____ Date		