

# 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 Human Resources): \_\_\_\_\_

\*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			
_____ Department/Unit Head		Date	_____ Vice President
_____ Dean of the College		Date	_____ President
_____ Budget Officer		Date	_____ Office of Human Resources
		Date	_____ Date