Semester: Fall ____ Spring ____ 20 ____
Date: _____

REQUEST FOR FACULTY OVERLOAD PAYMENT

Name: _____ _____ _____ _____ Title: _____
(last) (first) (initial) (social security no.) (as it appears on your contract)

ACADEMIC SCHOOL: _____ DEPARTMENT: _____ AREA: _____
Primary Secondary

FRACTION (or %) **RELEASED TIME** (from instruction) _____ SUPPORT or SOURCE (s) _____
(e.g., Academic Deans, Department Head, NSF Research, etc.)

Use one line for each section, attach additional pages as needed.

COURSE							Fraction (2)	TOTAL	FACULTY CONTACT HOURS PER WEEK				
											OTHER (3)		
Prefix No. & Section	NAME	TIME	DAYS	ROOM	CREDIT HOURS C	Enrollment E	% Shared Instruction P	CREDIT CxExP	Lecture Hours	Lab Hours	Hours	Type (specify)	TOTAL HOURS
	TOTAL												

(1) Note: Academic School Deans have 3/5 released time, college support
Department Heads have 1/5 released time, college support

(2) If you are team teaching, then you must decide how to split the responsibility, Your fraction (or %) is P. This also applies to lab courses where lab assistants have significant responsibility. If this occurs, you will have to file a load form for your lab assistants.

(3) Other types: Tutorial, Cooperative Ed., Field Experience, Independent Study, Self-paced, etc.

ACTUAL FACULTY CREDIT HOURS: _____
NORMAL FACULTY CREDIT HOURS: _____
OVERLOAD CREDIT HOURS: _____

FACULTY MEMBER: _____ ACADEMIC SCHOOL DEAN: _____