

## REQUEST FOR OVERLOAD

Faculty Name: \_\_\_\_\_ Department: \_\_\_\_\_

Semester: \_\_\_\_\_ Course & Section: \_\_\_\_\_ Enrollment\*: \_\_\_\_\_

Justification for this overload (Please be as specific as possible):

Compensation Requested:                  Workload credit\*\*    **or**                  Adjunct Pay

Annual workload balance at the time of this request: \_\_\_\_\_ hours

\_\_\_\_\_  
Signature of Department Chairperson

\_\_\_\_\_  
Date

\* List anticipated or actual enrollments.

\*\*Workload hours or contact hours to be credited to the faculty member.

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*This section is to be completed by the Provost's Office:*

I approve this overload for workload credit.

I approve this overload for adjunct pay.

I do not approve this overload.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date