



## FACULTY OVERLOAD REQUEST

**MUST have APPROVAL from  
PROVOST before Instruction of the  
overload course**  
Revised July 1, 2014 – HR/mr

Faculty Name \_\_\_\_\_ Date of Request \_\_\_\_\_ Date Instruction Begins \_\_\_\_\_

Are you currently assigned RELEASE TIME? \_\_\_\_\_ If YES, which project or assignment \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Faculty signature here acknowledges that Faculty cannot begin instruction without final written notification of approval from the Office of the Provost.

Course/Section and Semester (include ALL courses for academic year)	Course Title	Credit Hours	# Student Interns	# Student Teachers	Workload Hours

Type of Overload: (Check)      PREPARATION OVERLOAD \_\_\_\_\_      WORKLOAD HOUR OVERLOAD \_\_\_\_\_

**RATIONALE: (Please attach supporting documents)**

\_\_\_\_\_

Faculty	Signature _____	Date _____		
Department Chair	Signature _____	Date _____		
Dean	Signature _____	Date _____	Approve <input type="checkbox"/>	Not Approved <input type="checkbox"/>
<i>(If approved forward to Payroll. If not approved notify Chair)</i>				
Payroll Services Estimated Cost for Overload	Faculty Rank _____ Step _____		<i>(Please forward to the Office of the Provost for final approval)</i>	
			Payroll Office _____	

PROVOST \_\_\_\_\_ Approved       Not Approved       Date \_\_\_\_\_

**(Provost's office notifies Dean and Department Chair of decision. Attach email notification!)**      Date \_\_\_\_\_