



Staff Supplemental and Overload Approval

Reference Policy: 8.3.8

This request must be completed, turned in to your home department, and approved prior to starting a non-teaching assignment **OR PRIOR TO** the publication of the academic class schedule for the term you are requesting to teach. Please note that any additions to the following workload or course will require a new form to be completed.

Employee Name (Last, First, MI)

T#

Phone Number

Department

Please list the non-teaching assignment or course you expect to complete below (e.g. Special Project, ART 3030-01, etc) with its days and times. Please indicate if the workload will be completed during your regular work schedule and if so, how you will make up the regular work hours (lost time) each week.

Teaching Overload ONLY

Expected Credit Load for _____ semester _____ is _____.
Fall/Spring/Mysemester/Summer Year Credits

NOTE: Individuals are limited to teach up to 3 ICH per semester, unless course ICH exceed 3, in which case, individuals are limited to 1 course per semester not to exceed 6 ICH (including labs).

I approve the above listed staff member to complete the special assignment listed above **OR** to teach the above listed number of credits during the semester shown.

 Immediate Supervisor

 Date

 President or President's Designee (Vice President)

 Date

Teaching Overload ONLY

 Supervisor or Dean of Teaching Assignment

 Date

 Provost

 Date