**Overload Request for 9-Month Faculty**

***(Obtain approval prior to appointment)***

***Non-teaching overloads - attach COPY of this completed form and time log to PAF***

***Teaching overloads – attach COPY of this completed form and COPY of justification, if applicable, to PAF***

**NOTE: teaching appointments and salary are subject to final determination of classes meeting minimum enrollment**

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| **To:** |      , Dean | **Date:** |       |
|  |
| **From:** |      , School Director | **Signature:** |  |
|  |
| **From:** |      ,  | **Signature:** |  |
|  |
| **Subject:** | 9-Month Faculty Overload Request |  | **Term:** |  |  | **Year:** |       |

**Overload Amount: $**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:**  |       |  | **Rank:** |  |

 *(as it appears on Social Security Card)*

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| --- | --- | --- | --- | --- | --- | --- |
| **Degree** |  | **Major** |  | **Date (mm/yyyy)** |  | **Institution & Location** |
|       |  |       |  |       |  |       |
| **Degree CIP Code:**  |       | **CIP Title Discipline:**  |       |

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| **Non-teaching description & justification:**       |
| **Teaching request & justification:**       |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Subj Code | Course # | CRN | Cr. Hrs. | Enrollment | Method | Part of Term | Amount |
|       |       |       |       |       |  |  | $      |
|       |       |       |       |       |  |  | $      |
|       |       |       |       |       |  |  | $      |

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 **To be completed by School/College:**

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| --- | --- | --- | --- | --- |
| Last semester OL received: |       |  | Does faculty receive a course release? | [ ]  Yes [ ]  No  |
| Course Release Justification: |       |
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| Is 9-month faculty member receiving an overload through other area during the appointment? |  | [ ]  Yes [ ]  No |
| If “Yes,” provide brief description:  |       |
| **Current Teaching Load:** |
| **Subj Code** | **Course #** | **CRN** | **Cr Hrs** | **Enrollment** | **Method** | **Part of Term** |
|       |       |       |       |       |  |       |
|       |       |       |       |       |  |       |
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| **If teaching overload, complete: Does the faculty member meet SACSCOC qualifications for course(s) to be taught? *Select one box below:*****NOTE: If *Justification of Faculty Qualifications* is required, approval must be obtained prior to processing the overload request (attach copy of justification approval, if applicable). Official transcripts to be maintained in office of the Dean over the course(s) being taught.** |
|  |
| [ ]  | Yes, the individual has a doctorate/terminal degree in the teaching discipline.  |
| [ ]  | Yes, the individual is teaching undergraduate level courses and has a master’s degree in the teaching discipline or master’s degree with a concentration in the teaching discipline. |
| [ ]  | Yes, the individual is teaching undergraduate or graduate level courses and has a master’s or doctorate degree and/or either appropriate professional experience or appropriate certification/licensure in the teaching discipline. A copy of an **approved** *Justification of Faculty Qualifications* form is attached. |
| [ ]  | Yes, the individual is teaching undergraduate or graduate level courses and has at least **18** hours of graduate coursework and/or either appropriate professional experience or appropriate certification/licensure in the teaching discipline. A copy of an **approved** *Justification of Faculty Qualifications* form is attached. |
|  |
| By my signature below, I agree to the overload as described above. |
| **Signature of Faculty:** |  | **Date:** |  |
| **Approval from Faculty Member’s Dean:** |  | **Date:** |  |