**Overload Request for 12-Month Employee to Teach Class**

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

***(Obtain approval prior to appointment and attach copy to Payroll Action Form)***

|  |  |  |  |
| --- | --- | --- | --- |
| **To:** |      , Employee’s Supervisor | **Date:** |       |
|  |
| **From:** |      , School Director | **Signature:** |  |
|  |
| **From:** |      ,  | **Signature:** |  |
|  |
| **Subject:** | Agreement for Overload |  | **Term:** |  |  | **Year:** |       | **Eff. Appt. Date:** |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:**  |       |  | **CWID:**  |       |  | **Total Overload Pay:** | $      |

 **(as it appears on Social Security Card)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **Index** | **Fund** | **ORG** | **Prog** | **Banner Acct** |
| **Select one:** | **Unclassified:** |       | **Classified:** |       |  |       |       |       |       |       |

|  |  |
| --- | --- |
| **Justification for 12-month employee to teach class and earn overload pay:**  |       |

|  |
| --- |
| **Teaching Overload Request *(attach copy to PAF for each part of term)*:*:*** |
| **Salary/ Course** | **Subject Code** | **Course #-CRN** | **Cr. Hrs.** | **Day(s)** | **Time** | **#****Enrolled** | **Method** | **Part of Term** |
| $      |       |       |       |       |       |       |  |  |
| $      |       |       |       |       |       |       |  |  |

**To be completed by employee:**

|  |  |
| --- | --- |
| **My normal working hours are:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subj Code** | **Course #** | **CRN** | **Select one for each course** |
|       |       |       | [ ]  is taught outside my normal working hours[ ]  is taught during my normal working hours and I will claim annual leave for the time I am teaching the course [ ]  is taught during my normal working hours and I have approval of a flex-time schedule[ ]  is an online course and I understand that I am not allowed to log into Moodle nor respond to any emailsfrom students during my normal work hours |
|       |       |       | [ ]  is taught outside my normal working hours[ ]  is taught during my normal working hours and I will claim annual leave for the time I am teaching the course[ ]  is taught during my normal working hours and I have approval of a flex-time schedule[ ]  is an online course and I understand that I am not allowed to log into Moodle nor respond to any emailsfrom students during my normal work hours |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Degree** |  | **Major** |  | **Date****(mm/yyyy)** |  | **Institution & Location** |
|       |  |       |  |       |  |       |
| **Degree CIP Code:** |       |  | **CIP Title (Discipline):** |       |
| **Does the employee meet SACSCOC qualifications for course(s) to be taught? *Select the appropriate box below:*****NOTE: If new *Justification of Faculty Qualifications* is attached, attach copy of official transcripts. Official transcripts to be maintained in office of the Dean over the course being taught.** |
| [ ]  | Yes, the individual has a doctorate/terminal degree in the teaching discipline. |
| [ ]  | Yes, a *Justification of Faculty Qualifications* form was previously approved for the requested course(s) and a copy is attached. |
| [ ]  | 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 or a related discipline. |
| [ ]  | Yes, the individual is teaching graduate level courses and has a master’s degree and/or either appropriate professional experience or appropriate certification/licensure in the teaching discipline. A *Justification of Faculty Qualifications* form and supporting documentation is attached. |
| [ ]  | Yes, the individual is teaching undergraduate level courses and has at least 18hours of graduate coursework and/or either appropriate professional experience or appropriate certification/licensure in the teaching discipline. A *Justification of Faculty Qualifications* form and supporting documentation is attached.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee’s Signature:** |  | **Date:** |  |
| **Approval from Employee’s Supervisor:** |  | **Date:** |  |
| **Approval from Dean Over Course:** |  | **Date:** |  |
| **Approval from Academic Affairs:** |  | **Date:** |  |