**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 emails  from 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 emails  from 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. | | | | | | | | | | |

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