



Request to be submitted prior to commencement of services on a term by term basis.

| Name: Last, First | MUID Number | College | Department |
|-------------------|----------------|---------|------------|
| | | | |

Current Teaching In-load schedule

| SUBJECT | COURSE / CRN | CREDIT OR CONTACT HRS | REASSIGNMENT HOURS and REASON |
|---------|--------------|--------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

***Courses being requested for Overload Pay**

| SUBJECT | COURSE / CRN | CREDIT OR CONTACT HRS | Face 2 Face or Online | COST | ENROLLMENT |
|---------|-----------------|-----------------------------|--------------------------|------|------------|
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | Total Compensation | \$ | |

Justification for Overload:

| |
|-------------------|
| <hr/> <hr/> <hr/> |
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Authorization Approvals

Chairperson

Date

College Dean

Date

Please submit to Academic Affairs

Approved by:

Provost

Phone

Date