



OVERLOAD REQUEST & CERTIFICATION

This faculty member is hereby certified as being eligible to receive overload compensation in accordance with the SSHE/APSCUF Collective Bargaining Agreements.

Name: _____ Dept: _____
 Rank: _____ Step: _____ Estimated Cost: _____ Revised Date: _____

Fall Semester/ _____ year Identify Overload Course(s) with an (*)

Dept/Crs Number	# of Sect	Course Title	Grad Cour	Cr Hrs	# Student Interns	# Weeks Comp.	# Student Teachers 0.6	Equated Workload Hours	Number Prep	Projected Number Enrolled

A) Actual workload this semester.....			
B) Workload beyond which overload is payable (Art. 23).....	20	09/12/15	3
C) Overload earned this semester (A) minus (B)			

Justification/Remarks _____

Spring Semester/ _____ year Identify Overload Course(s) with an (*)

Dept/Crs Number	# of Sect	Course Title	Grad Cour	Cr Hrs	# Student Interns	# Weeks Comp.	# Student Teachers 0.6	Equated Workload Hours	Number Prep	Projected Number Enrolled

D) Actual workload this semester.....			
E) Actual workload - total year (A) plus (D).....			N/A
F) Standard workload - total year.....	40	18/21/24	3
G) Total eligible overload - year (E) minus (F).....			N/A
H) Extra preparations this semester (D) minus (F).....	N/A	N/A	
I) Overload previously paid - from (C).....			N/A
J) Overload due spring semester - (G) minus (I)			

Justification/Remarks _____

Signatures:

_____ <i>Faculty Member</i>	_____ <i>Chairperson</i>	_____ <i>Dean</i>	_____ <i>Vice President</i>	_____ <i>President</i>
_____ <i>Date</i>	_____ <i>Date</i>	_____ <i>Date</i>	_____ <i>Date</i>	_____ <i>Date</i>

NOTE: All requests for overload which exceed 3 credits for any faculty member during the academic year must be approved by the President. Overload requests for faculty who have released time must also be approved by the President(*). Requests for overload must be approved prior to inclusion in the schedule.