Overload Request Form

Department: **Date:**

I request the following overload(s) for _____. **ADLOC # _____**

Faculty Member Name	Tarleton E-Mail	Course Prefix and #/ Section #	# Enrolled	Amount Requesting to Pay	Highest Degree Earned in Related Discipline

Please add any additional comments and/ or salary justifications below:

*The above requests are based upon the assumption that each course will have adequate enrollment.

_____ _____

Department Head Date Vice President Academic Affairs Date

_____

Dean Date

Revised 12-15-15
C.Shipman