

Faculty Overload Request

Date: _____

Faculty Name: _____

Faculty UIN: _____

Faculty Tarleton Email: _____

Faculty Seat Number (pin) in Workday: _____

Faculty Title: _____

Supervisory Organization/Department: _____

ADLOC: _____

Term: (Fall, Spring, Summer & Year) _____

Date of Temporary/Interim Increase: (FROM) _____

Date of Temporary/Interim Increase: (THRU) _____

Highest Degree Earned: _____

Highest Degree Related to Course Being Taught: _____

Costing Allocation - Paying Account: _____

	Courses: (Prefix, Number, Section)	Enrollment	Temporary/Interim Increase Amount per Course
1			\$ -
2			\$ -
3			\$ -
4			\$ -
5			\$ -
Totals for this semester			\$ -

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

	ACCEPTED	YES <input type="checkbox"/>	NOTE: (1) Non-emergency course releases must be approved prior to start of term; (2) no overloads will be granted if the faculty member is on any type of course release (i.e. for research or administration); (3) current class schedule must be included on form or attached, listing teaching schedule and enrollments; (4) current appointment letter must be attached; (5) must be signed by Faculty member, Department Head and Dean; (6) overloads for Summer will not be approved.
		NO <input type="checkbox"/>	
_____ Faculty Member Signature	APPROVED	YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	
_____ Department Head Signature	APPROVED	YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	
_____ Dean Signature(s)	APPROVED	YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	
_____ Provost and Executive Vice President for Academic Affairs Signature			