



OVERLOAD REQUEST & CERTIFICATION

This Faculty member is hereby certified as being eligible to receive overload compensation in accordance with the PASSHE/APSCUF Collective Bargaining Agreement. (Print on Yellow)
090-3-210-6601-1

Name _____ Dept. _____ SAP Position Number _____
 Rank _____ Step _____ Estimated Cost _____
 Grant Funded (Y/N) _____

Fall Semester/ Fall _____ 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).....										
C) Overload earned this semester (A) minus (B).....								09/12/15		Supplemental Hrs.
Justification/Remarks _____										

Spring Semester/ Spring _____ 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 spring semester.....										
E) Actual workload - total year (A) plus (D).....									N/A	
F) Standard workload - total year.....							40	18/21/24		Supplemental Hrs.
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	Supplemental Hrs.
J) Overload due spring semester - (G) minus (I).....										
Justification/Remarks _____										

Signatures _____
 Faculty Member Chairperson Dean Vice President *President
 Date: _____

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 to inclusion in the schedule.