



## Instructional Overload Request Form

Requestor Information:

<b>Name</b>	
<b>Department</b>	
<b>Email address</b>	
<b>Phone number</b>	
<b>Submission date</b>	

Relevant Policy Information:

[Academic Affairs Policy Manual 1.07 - Faculty Compensation and Workload](#)

[1.07-6.0 - Effort Assigned for Instructional Activities](#)

[1.07 - 7 - Teaching Overload Compensation](#)

Instructor Name:

Semester	
Course	
Course Registration Number (CRN)	

Proposed Compensation Amount:

Funding Source:

School:

ECE (H1000112)

CMB (H1000113)

ECAM (H1000114)

Request for College funding?                      Yes      No

**Instructional Overload Request Form**

**Justification**

**Required Attachments:**

- Assigned Instructional Effort Calculation without Overload**
- Instructional Overload Calculation**

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**Approvals**

**Date:**

**Instructor:**

**School Chair:**

**Human Resources Manager:**

**Director of Finance and  
Administration:**

**Dean:**

**Assigned Instructional Effort Calculation without Overload**

Assigned Faculty Member:

Academic Rank:

Academic Appointment:      Fiscal Year                  Academic Year

Equivalent Full-Time (EFT) for Instruction:

Assigned Instructional Effort without Overload:

**Fall Semester**

Course	CRN	Credit Hours	Enrollment	Instructional Effort

**Spring Semester**

Course	CRN	Credit Hours	Enrollment	Instructional Effort

**Summer Semester (Fiscal Year Appointment Only)**

Course	CRN	Credit Hours	Enrollment	Instructional Effort

Total Instructional EFT without Overload \_\_\_\_\_

## Requested Overload - Instructional Effort Calculation

### Instructional Overload Calculation

Course	CRN	Credit Hours	Enrollment	Instructional Effort

**Total Instructional Overload** \_\_\_\_\_