

# OVERLOAD COURSE OR ADMINISTRATIVE ASSIGNMENT APPROVAL-TO-PAY FORM

- This form is to be initiated by the faculty or staff member for traditional undergraduate or traditional graduate assignments and then routed for the required signatures.
- A separate form should be used for each instance of overload (course or administrative assignment).
- A separate form should be used for each semester or term.
- This form is not used for Independent Study, Adult Education, or MBA pay.

Instructor's Name: \_\_\_\_\_ Banner ID #: F 0 0 \_\_\_\_\_

Semester / Term: \_\_\_\_\_ Date course ends (summer only) \_\_\_\_\_  
*(Overload is paid once per semester – Nov. 30<sup>th</sup> for the fall, Jan. 31<sup>st</sup> for Winterim, & April 15<sup>th</sup> for the spring. There will be two pay dates for summer overload – June 30<sup>th</sup> & July 31<sup>st</sup>.)*

Course # & title: \_\_\_\_\_ CRN # \_\_\_\_\_ Credits: \_\_\_\_\_

**OR**

Administrative overload assignment: \_\_\_\_\_ Credits: \_\_\_\_\_  
 (Do **not** list administrative assignments for which you receive load weight)

Fill out one side only	
Faculty Member	Staff Member
Approved: _____ Date: _____ Immediate Supervisor	Approved: _____ Date: _____ Immediate Supervisor
Approved: _____ Date: _____ Dean	Approved: _____ Date: _____ Vice President
Approved: _____ Date: _____ Dean of School in which overload is being performed (only if different from above)	Approved: _____ Date: _____ Dean of School in which overload is being performed
<ul style="list-style-type: none"> <li>• After the last required dean signature, the dean returns the form to the initiator.</li> <li>• <b>THE INITIATOR IS RESPONSIBLE FOR SUBMITTING THE FORM TO THE ACADEMIC OFFICE BY THE DUE DATE.</b></li> </ul>	
Approved: _____ Date: _____ Senior Vice President of Academics	

*Forms must be into the Academic Office by November 1<sup>st</sup> for the fall semester, January 2<sup>nd</sup> for Winterim, & by March 14<sup>th</sup> for the spring semester. For the summer term, forms must be into the Academic Office by the June 6<sup>th</sup> or July 2<sup>nd</sup> for payment in the respective month. If not, timely payment cannot be assured.*

(This section to be filled out by Dean / Supervisor)

Account number: 1 - \_\_\_\_\_ T - 60024-313 \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Department Account Number - Faculty Part Time Extension Number of credits (Rate of pay per credit to use 8-15-2007 through 8-14-2008) \$ 770 – Undergraduate Course \$ 870 – Graduate Course

PLUS (only as appropriate)

\_\_\_\_\_ x \$ 125.00 = \$ \_\_\_\_\_  
Number of EL students Number of credits (Rate per credit for 8-15-2007 through 8-14-2008)

TOTAL PAY \$ \_\_\_\_\_