## Requesfor Exceptionto OverloadPolicy

| LastName                                                                                                                                                                                                                                                                         |               | FirstName           |                                   | Middle Name                                         | SUIDNumbe                 | SUDNumber         |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|-----------------------------------|-----------------------------------------------------|---------------------------|-------------------|----------------------|
| Quarter/Semester AYYear                                                                                                                                                                                                                                                          |               |                     | CourseName/Number                 |                                                     |                           | WorkUnits         | CourseSalary         |
|                                                                                                                                                                                                                                                                                  |               |                     |                                   |                                                     |                           |                   |                      |
|                                                                                                                                                                                                                                                                                  |               |                     |                                   |                                                     |                           |                   |                      |
|                                                                                                                                                                                                                                                                                  |               |                     |                                   | To                                                  | otalOverloadWorkUnits     | :                 |                      |
| Addressachof the app                                                                                                                                                                                                                                                             | licablepoints | in the FacultyOver  | loadPayGuidelines;ssue            | edFebruary20, 2009:                                 |                           | 1                 |                      |
| Explain the emergency                                                                                                                                                                                                                                                            | situationand  | the reasonwhy the   | academicannotshiftth              | eir regularteachind                                 | nadto accommodateho       | e courseinto the  | regular1 0FTFand     |
| the effortstakento iden                                                                                                                                                                                                                                                          |               |                     |                                   | on regularioaerinig.                                | sacto accommodatan        |                   | Togalar 1.01 T Earla |
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|                                                                                                                                                                                                                                                                                  |               |                     |                                   |                                                     |                           |                   |                      |
| Addressthe impact the                                                                                                                                                                                                                                                            | overloadwill  | haveon the faculty  | member'sprogresstowa              | <u>rd tenure or other du</u>                        | ties.                     |                   |                      |
|                                                                                                                                                                                                                                                                                  |               |                     |                                   |                                                     |                           |                   |                      |
|                                                                                                                                                                                                                                                                                  |               |                     |                                   |                                                     |                           |                   |                      |
| Addrestheimpactont                                                                                                                                                                                                                                                               | hecondition   | enf extramurallyfu  | ndedgrants(if applicable          | hand/or anyconflicto                                | finterest/i e iffacultyr  | nemberis alsore   | enoneibleor          |
| Addresshe impacton the conditions of extramurally funded grants (if applicable and/or any conflict of interest (i.e. if faculty member is also responsible or scheduling overloads assignments the process by which the overload was signed should be described (if applicable). |               |                     |                                   |                                                     |                           |                   |                      |
|                                                                                                                                                                                                                                                                                  |               |                     |                                   |                                                     |                           |                   |                      |
|                                                                                                                                                                                                                                                                                  |               |                     |                                   |                                                     |                           |                   |                      |
| If the Academids a chaassignment.                                                                                                                                                                                                                                                | air,programd  | rector, assistant/a | ssociat <b>d</b> ean,other part o | r full-time administra                              | tor,or staff, addressthe  | impact of the ove | erloadon that        |
| <u>assignment</u> .                                                                                                                                                                                                                                                              |               |                     |                                   |                                                     |                           |                   |                      |
|                                                                                                                                                                                                                                                                                  |               |                     |                                   |                                                     |                           |                   |                      |
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|                                                                                                                                                                                                                                                                                  |               |                     |                                   |                                                     |                           |                   |                      |
| Chair/ProgramDirector (HomeDepartment/Program) Date                                                                                                                                                                                                                              |               |                     |                                   | 01 : /0                                             | . (0   1   5   1          | ./5               |                      |
| Chair/ProgramDirector (                                                                                                                                                                                                                                                          | (ноте рера    | tment/Program)      | Date                              | Chair/ProgramDirector (SecondaryDepartment/Program) |                           |                   | Date                 |
|                                                                                                                                                                                                                                                                                  |               |                     |                                   |                                                     |                           |                   |                      |
| Dear(HomeSchool/College) Date                                                                                                                                                                                                                                                    |               |                     | Date                              | Dean(Secondar&c                                     | r(Secondar@chool/College) |                   |                      |
| FormPreparedby:                                                                                                                                                                                                                                                                  |               |                     | Date:                             | Em                                                  | ail:                      |                   |                      |
| Approved                                                                                                                                                                                                                                                                         | Denied        |                     |                                   |                                                     |                           | _                 |                      |
| Approved                                                                                                                                                                                                                                                                         | Denied        |                     |                                   |                                                     |                           |                   |                      |
| Shane P. MartinPh.D.                                                                                                                                                                                                                                                             |               |                     |                                   |                                                     |                           |                   |                      |
| Provost                                                                                                                                                                                                                                                                          |               |                     |                                   |                                                     |                           |                   |                      |
| Comments                                                                                                                                                                                                                                                                         |               |                     |                                   |                                                     |                           |                   |                      |
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